



VILLAGE OF MOUNT PROSPECT
50 SOUTH EMERSON STREET
MOUNT PROSPECT, IL 60056
(847) 392-6000

BUSINESS CERTIFICATE APPLICATION

INSTRUCTIONS:

Please Type or Print clearly and complete both sides of application

Business Legal Name _____

Doing Business As (*Common Name*) _____

Business Address (*PO Box Not Acceptable*) _____ (apt/ste) _____

City/State/Zip Code _____

Business Phone _____ Business Fax _____

Business Email _____

Billing Address (*If Different Than Above*) _____

City/State/Zip Code _____

Phone _____ Contact Person _____

Type of Business (*check one*): Food Service Service Retail/Wholesale/Warehouse Manufacturing/Industrial Vending
 State Licensed Professional Health Club Massage Tanning Kiosk Promotional Event Auctioneer
 Other _____

Detailed Description of Business Use or Service Provided: **(THIS SECTION MUST BE FILLED OUT):**

Federal Employer Identification Number (FEIN) _____

State License Number _____ (Must attach a copy of your State License)

State Sales Tax (IBT) Number _____ (Must attach copy of State Issued IBT document)

Gross Floor Area of Establishment _____ (Square Feet). Number of Parking Spaces: _____

If this is a new business, what is the expected date of occupancy? _____

If this is a transient/itinerant business, what are the expected dates of occupancy? _____

If known, please indicate prior occupant/type of business in this location: _____

OWNERSHIP TYPE AND CONTACT INFORMATION (*Physical Address must be used, a Post Office Box is not acceptable*)

- If Sole Proprietorship, list information for the sole owner/operator.
- If Partnership, list information for all Managing Partners. (Utilize another sheet of paper if needed.)
- If Corporation, list information for the President and Chief Financial Officer:

First Name: _____ M.I. _____ Last Name: _____ Date of Birth: _____

Residence Address _____ City/State/Zip Code _____

Residence Phone _____ Email _____

First Name: _____ M.I. _____ Last Name: _____ Date of Birth: _____

Residence Address _____ City/State/Zip Code _____

Residence Phone _____ Email _____

FOR VILLAGE USE:

- _____ New Business
- _____ Existing – New Location
- _____ Existing – New Owner
- _____ Existing – No License

High Hazard ___Yes ___No
 Bldg Permit ___Yes ___No
 Building Permit # _____

Rtd to	Dept	App	Den
<input type="checkbox"/>	Plan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bldg	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	EnvH	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Fire	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Police	<input type="checkbox"/>	<input type="checkbox"/>

Needs Inspect	Dept
<input type="checkbox"/>	EnvH
<input type="checkbox"/>	Fire

List three (3) **LOCAL**/Emergency contacts, who have access to the building and are available for inspections (List in order of contact):

First Name: _____ M.I. _____ Last Name: _____ Email: _____
Residence Address _____ City/State/Zip Code _____
Phone _____ Alternate/Mobile Phone _____

First Name: _____ M.I. _____ Last Name: _____ Email: _____
Residence Address _____ City/State/Zip Code _____
Phone _____ Alternate/Mobile Phone _____

First Name: _____ M.I. _____ Last Name: _____ Email: _____
Residence Address _____ City/State/Zip Code _____
Phone _____ Alternate/Mobile Phone _____

1. Will any coin-in-slot devices or vending machines (electronic game, juke box, candy, food, soda, laundry, etc.) be located on your premises? Yes No

*If Yes, please complete the Addendum form.

2. Copy of State Business License Attached? Yes No

3. How many employees will be at this location? _____

4. How many vehicles are registered to the business? _____

All vehicles registered to this business must have Village of Mount Prospect vehicle licenses

5. Does your business have a security alarm system? Yes No

I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ADDENDUMS (IF APPLICABLE) HAS BEEN FURNISHED BY ME AND TO THE BEST OF MY KNOWLEDGE IS CORRECT. I UNDERSTAND THAT ANY UNTRUE, INCONSISTENT OR MISLEADING INFORMATION SHALL BE CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY CERTIFICATE GRANTED PURSUANT TO THIS APPLICATION. I FURTHER CERTIFY THAT BY APPLYING IN WRITING FOR A CERTIFICATE TO OPERATE IN THE VILLAGE OF MOUNT PROSPECT I HAVE READ AND UNDERSTAND MY OBLIGATIONS UNDER APPROPRIATE VILLAGE ORDINANCES RESPECTIVE TO THE CERTIFICATE(S) FOR WHICH I AM APPLYING. I FURTHER CERTIFY THAT IF ANY OF THE FOREGORING INFORMATION, INCLUDING THE STATUS OF THE STATE LICENSE, CHANGES DURING THE COURSE OF THE CERTIFICATE YEAR I WILL NOTIFY THE VILLAGE, IN WRITING, WITHIN SEVEN (7) DAYS OF SUCH CHANGE.

Date _____ Signature/Title _____

*Note; if license has not been issued or picked up within six (6) months of the application date, this application will be considered void and a new application will have to be submitted.

FOR OFFICE USE ONLY	
Fee _____	Date Paid _____
Certificate No. _____	Date Issued _____