

Village of Shorewood
One Towne Center Blvd.
Shorewood, IL 60404
Phone (815)725-2150 • Fax (815)744-6766



BUSINESS LICENSE AND REGISTRATION APPLICATION
PLEASE ALLOW UP TO 30 DAYS FOR PROCESSING

Business License and Registration Business Registration (Licensed by State)
 In-Home License and Registration In-Home Registration (Licensed by State)

Section A (all must complete)

Name of Business _____

Business Address _____ Phone(_____) _____

Email Address _____
(for public contact information) (for Village and renewal purposes)

Sole Proprietor (____) Partnership (____) Corporation (____)

Business Owner/Sole Proprietor Full Name _____

Home Address _____ City _____ Zip _____

How long have you lived there _____ Phone (_____) _____

Previous Address _____

City _____ State _____ Zip _____ How long _____

Social Security # _____ Federal Employee Identification Number _____

Illinois Dept. of Revenue Number _____ Contract Lease Years _____

Describe business including, but not limited to products sold, on site activities and services provided:

Local Manager's Full Name _____

Email Address _____ Phone (_____) _____

Owner of Property (if different than business owner) _____

Address _____ City _____ Zip _____

Phone(_____) _____ Email _____

If business is a partnership, complete section B. If a corporation skip to section C. If neither skip to section D

Section B

Complete the following only if business is a partnership:

Partner's name _____

Home address _____ City _____ Zip _____

How long have you lived there _____

Previous Address _____

City _____ State _____ Zip _____ How long _____

Social security # _____ Phone (_____) _____

Email address _____

Partner's name _____

Home address _____ City _____ Zip _____

How long have you lived there _____

Previous Address _____

City _____ State _____ Zip _____ How long _____

Social security # _____ Phone (_____) _____

Email address _____

Attach additional sheets if necessary

Section C

Complete the following only if business is a corporation:

Registered Agent's Name _____

Address _____ City _____ Zip _____

Email address _____ Phone (_____) _____

If you are a corporation, please provide us with your incorporation papers when you turn in this application. If not incorporated, or do not have your incorporation paperwork, please submit a completed background check form along with \$12.00 cash or check made payable to the Village of Shorewood.

Section D

ALL NON IN-HOME APPLICANTS MUST COMPLETE THE FOLLOWING

In-home businesses skip to section E

Square Footage of Building _____ Number of Storage Units _____

Number of dumpsters _____ Outside Storage Yes ___ No ___ Existing Signs Yes ___ No ___
Anticipated Signs to be Installed _____

What Classification is the Business:

____ Retail ____ Industrial ____ Manufacturing
____ Professional ____ Warehousing ____ Public Services

Number of Employees on the Premises ____ Full time ____ Part time

Number of Employee Vehicles on the Premises _____

Number of Vehicles Used in the Operation of the Business _____

Business Hours: Mon. _____; Tues. _____; Wed. _____; Thurs.
_____; Fri. _____; Sat. _____; Sun. _____.

Will any of the following types of services be provided by your business?

____ Serving of food prepared on premises

____ Serving of any type of liquor on premises

____ Over-the-counter cigarette sales

____ Coin operated devices

If so, what type of devices? How many? _____

Storage of flammable materials on property, other than cleaning products Yes ___ No ___

If Yes, what type of materials? _____

Complete and submit Tenant Occupancy / Build-out Application

Fee for In-Home is \$35.00 cash or check made payable to Village of Shorewood

Section E

ALL IN-HOME APPLICANTS MUST COMPLETE THE FOLLOWING

Square Footage of Home _____ Square Footage Dedicated for Business use _____

What Classification is the Business:

_____Professional _____Public Services _____Other

Will Employees be on Site Yes___ No___ Will Customers be on Site Yes___ No___

Number of Employee Vehicles on Premises _____

Number of Vehicles Used in the Operation of the Business _____

Business Hours: Mon. _____; Tues. _____; Wed. _____; Thurs. _____; Fri. _____; Sat. _____; Sun. _____.

Storage of flammable materials on property, other than cleaning products Yes___ No___

If Yes, what type of materials?_____

PLEASE READ THE FOLLOWING VILLAGE STANDARDS

10-3-9: HOME OCCUPATIONS

E. Standards: The following standards shall govern the operation of a home occupation:

1. The building or structure in which the home occupation is located shall be subject to the regulations of the zoning district in which located.
2. The home occupation shall be conducted completely within the dwelling unit or within an accessory building or structure.
3. No more than one person other than permanent residents of the dwelling unit shall be employed in the home occupation.
4. The home occupation shall be subordinate and incidental to the principal use of the building or structure for residential purposes, and not more than twenty five percent (25%) of the gross floor area of the dwelling unit and accessory buildings or structures on the premises on which the home is located shall be devoted to the home occupation.
5. The outside display of goods and the outside storage of equipment, materials or motor vehicles utilized in the home occupation shall be prohibited.
6. Off street parking for the home occupation shall be provided in accordance with the provisions of chapter 8 of this title.
7. The home occupation shall not generate noise, vibration, glare, fumes, odors or electrical interference beyond that which normally occurs in the zoning district in which located. (Ord. 93-695, 6-15-1993)

Certification

I (We) hereby certify that the requirements of the State of Illinois, County of Will, and Village of Shorewood have been met and will be maintained throughout the duration of the license (if issued), and that the statements herein are correct and true to the best of my (our) ability. I (We) hereby give permission for my (our) background(s) to be checked by the Shorewood Police Department.

Date of application: _____

Signature of applicant (owner)	Print name (owner)
--------------------------------	--------------------

Signature of partner (if applicable)	Print name (partner)
--------------------------------------	----------------------

Signature of partner (if applicable)	Print name (partner)
--------------------------------------	----------------------

For office use only

Alcohol & Tobacco Only:

Reviewed by Village Administrator _____ Date _____
Signature

Approved Denied by Village President on _____, 20____.

Signature _____

Copy to Chief of Police

Fee: \$ _____ Business License issued on _____ by _____

Reviewed by Zoning Officer _____ Date _____
Signature

Zoning District _____ CUP/PUD Ordinance # _____ Index form to PD & Fire

Need:

C.U.P. _____ Variance _____ Site Plan Amendment _____ Copy of Il State License(s) _____
Tenant CO Inspection Date _____ Approval Date _____