

Business License and Registration Application

PLEASE ALLOW UP TO 30 DAYS FOR PROCESSING.

Applications are processed in the order in which they are received and undergo review.

Incomplete submissions will extend the review time.

Submission Checklist:

In-Home Applicants Only - Please complete #1-5 on Submission Checklist

1. Application completely filled out.
2. Driver's License or I.D. for all business owners (to be photo copied by Village personnel).
3. Copy of the Internal Revenue Service and/or Employer Identification Number.
4. Copy of Articles of Incorporation or Articles of Organization (if incorporated or LLC).
5. State Certification(s)/ State License(s) – i.e. IDFPR, DCFS, ATF (if applicable).
6. Business Index Informational Form (Page 6)
7. Background Check Waiver and payment of \$27 (if not incorporated or LLC, see Page 7)
8. Commercial Permit Application: Remodeling, Occupancy or Tenant Build-out Form and plan submittals for that application checklist.
9. Pre-inspection of tenant space scheduled with Building Division and Fire Department.
10. Fire Department Plan Submittal Forms given directly to Fire Department.
11. Sign Permit Applications – Permanent and/or temporary.
12. Shorewood Utility Division notified of change to water billing.
13. Will County Health Department Certificate (if required).
14. Supplemental Tobacco License Application (with \$250 non-refundable fee) or Massage Establishment Application (with \$100 non-refundable fee) (if applicable).
15. Liquor License Application (if applicable, through the Executive Assistant at Village Hall).

- Shorewood Business License fees are assessed based on the classification of the business as listed in the Village of Shorewood Municipal Code 3-1-6.
- License regulations are on our website www.vil.shorewood.il.us, under Municipal Code. (Business & Licenses under Title 3 and In-Home Licenses under Title 10-3-9.)
- Sign regulations (permanent & temporary) can be found in Title 10, Chapter 10 of the Municipal Code.
- When the review/license is complete and approved, the applicant will be notified with the payment total, and payment can be made at license pick up.

1. **New Business** OR **Existing Business** (Check all that apply)
 New Change of Ownership Change in Name
 Change of Location
2. **Store Front Business** OR **In-Home Business**
3. Sole Proprietor Partnership Corporation Limited Liability

4. **Do you also have a license through the State of Illinois?** No Yes **(attach copies)**
(i.e. accounting, dentistry, veterinary medicine, vocational schools, salon registration, child care facilities,
land surveying, mortgage/insurance brokerage, architecture or medical practice.)

5. Will a zoning change or a Conditional Use Permit be needed for the future location of the
business? No Yes

6. Will products be sold? No Yes

7. Business description (i.e. services, activities, products) _____

8. Name of Shorewood Business _____

9. Shorewood Business Address _____

10. Shorewood Business Phone (_____) _____

11. Business Email _____

12. Licensing Email (if different than business email) _____

13. Illinois Department of Revenue Number _____

14. Federal Employee Identification Number _____

15. **Business Owner Full Name** _____

Home Address _____

City _____ State _____ Zip _____

Contact Phone (_____) _____

Contact Email _____

Business Partner Full Name (if applicable) _____

Home Address _____

City _____ State _____ Zip _____

Contact Phone (_____) _____

Contact Email _____

- **If there are additional business owners, please submit their information in writing for the same personal questions listed immediately above. If this business is a corporation, please provide ownership information details.**

16. **Local Manager's Name (if not business owner)** _____

Contact Phone (_____) _____

Contact Email _____

17. **Property Owner (if not business owner)** _____

Address _____

City _____ State _____ Zip _____

Contact Phone (_____) _____

Contact Email _____

18. **Complete this section only if the business is a corporation:**

Registered Agent's Name _____

Address _____

City _____ State _____ Zip _____

Contact Phone (_____) _____

Contact Email _____

19. **STOREFRONT applicants complete the following:**

Square Footage of Building/Tenant Space _____ Is business responsible for own waste hauling contract? No Yes

Dumpsters provided on site? No Yes Outside Storage No Yes

Signage Needed? No Yes ***If Yes, please submit permanent or temporary sign application(s) for review.**

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

Number of Vehicles Used in the Operation of the Business _____

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

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

Serving of food prepared on premises No Yes ***If Yes, Health Department Certificate is required**

Serving of any type of liquor on premises No Yes ***If Yes, Liquor License is required.**

Over-the-counter cigarette sales No Yes ***If Yes, Tobacco License is required.**

Coin operated devices No Yes **If yes, how many?** _____

Will there be storage of flammable materials on property, other than cleaning products No Yes

If Yes, what type of materials? _____

20. **IN-HOME applicants complete the following:**

Will Employees be on Site No Yes Will Customers be on Site No Yes

Number of Employee Vehicles on Premises _____

Number of Vehicles Used in the Operation of the Business _____

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

Will there be storage of flammable materials on property, other than cleaning products No Yes

If Yes, what type of materials? _____

Application 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: _____

Business Owner Signature

Business Owner Printed Name

Business Partner Signature

Business Partner Printed Name

Additional Business Owner Signature

Additional Business Owner Printed Name

Additional Business Owner Signature

Additional Business Owner Printed Name



BUSINESS INDEX INFORMATIONAL FORM



Shorewood PD & Troy FPD

DATE: _____

BUSINESS NAME: _____ PHONE: _____

SHOREWOOD ADDRESS: _____ FAX: _____

ZIP: _____ PLEASE CHECK ONE - NEW BUSINESS [] EXISTING BUSINESS []

TYPE OF BUSINESS: (Examples: Bank, Restaurant, Retail Store, Etc.) _____

BUSINESS OWNER: _____ BUSINESS OWNER: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

EMERGENCY KEYHOLDER PERSONNEL PHONE NUMBERS: (List in order to be called)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

BURGLAR ALARM SYSTEM: () YES () NO (If yes, give the name, address and phone # of Alarm Co.)

NAME OF ALARM CO: _____ PHONE: _____

TYPE/LOCATION OF ALARMS IN BUILDING: _____

BUILDING HAS A KNOX BOX () YES () NO (If yes) LOCATION: _____

LIST ANY HAZARDOUS MATERIAL STORED/USED: _____

LIST ANY SPECIAL SAFETY/SECURITY CONCERNS FOR POLICE/FIRE: _____

Village of Shorewood

Background Investigation Release / Waiver

To Whomever It May Concern,

I, _____, am applying for a business license with the Village of Shorewood. I hereby authorize the Village of Shorewood and / or its agents to conduct an investigation of my background to include any criminal history and all public or private records for the purpose of confirming the information on my application. I also authorize the Village of Shorewood to obtain information regarding my employment history, education history, driving history, and credit history.

I release the Village of Shorewood and any person or entity which provides information to the Village of Shorewood from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above reference sources. I also understand and will expect that the Village of Shorewood may contact me before or during this investigation to obtain other relevant information and to confirm my consent to this investigation. A photocopy of this authorization shall be deemed as original and shall be accepted by every person.

Signature

Date

Please print the following information clearly :

Last Name

First Name

Middle Name

Date of Birth : _____

Driver's License Issued Number & State : _____

Social Security Number : _____

Contact Phone : _____

Contact Email : _____