

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



BUSINESS LICENSE AND REGISTRATION APPLICATION

Name of business _____

Business address _____ Phone(_____)_____

Sole proprietor (___) Partnership (___) Corporation (___)

Briefly describe business: _____

ALL APPLICANTS MUST COMPLETE THE FOLLOWING:

Owner's full name _____

Home address _____ City _____ Zip _____

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

Previous address _____

City _____ State _____ Zip _____ How long? _____

Social security # _____ Driver's lic. # _____

Date of birth _____ Place of birth _____

Complete the following only if business is a partnership:

Partner's name _____

Home address _____ City _____ Zip _____

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

Previous address _____

City _____ State _____ Zip _____ How long? _____

Social security # _____ Driver's Lic. # _____

Date of birth _____ Place of birth _____

Complete the following only if business is a corporation:

Registered agent's name _____

Address _____ Phone (_____) _____

Local manager's name _____

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 complete the form for the background check along with \$12.00 cash or check made payable to the Village of Shorewood.

ALL APPLICANTS MUST COMPLETE THE FOLLOWING:

How many sq. ft. in building? _____ How many storage units? _____

What classification will your business apply to:

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

How many employees? ____ Full time ____ Part time

How many employee vehicles will be on premises? _____

How many vehicles will be used with this business? _____

What will be your business hours? Mon. _____; Tues. _____; Wed. _____;
Thurs. _____; Fri. _____; Sat. _____; Sun. _____.

What is your Federal Employee Identification Number? _____

What is your Illinois Dept. of Revenue Number? _____

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.

If so, what type of materials? _____

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)

Signature of partner (if applicable)

For office use only

Reviewed by Village Administrator _____ *Date* _____
Signature

Approved *Denied* *by Village President on* _____, 20____.

Signature _____

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

SHOREWOOD POLICE DEPARTMENT

BUSINESS INDEX INFORMATIONAL FORM

DATE: _____

COMPANY NAME: _____ *PHONE: _____

SHOREWOOD ADDRESS: _____ *FAX: _____

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

TYPE OF COMPANY: (Examples: Bank, Restaurant, Furniture Sales, Retail Store, Etc.) _____

COMPANY OWNER: _____ COMPANY OWNER: _____

ADDRESS: _____ ADDRESS: _____

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

PHONE: _____ PHONE: _____

EMERGENCY KEYHOLDER PERSONNEL PHONE NUMBERS: (List in call out order)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

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

NAME OF ALARM CO: _____ PHONE: _____

TYPE/LOCATION OF ALARMS IN BUILDING: _____

LIST ANY HAZARDOUS MATERIAL STORED/USED: _____

LIST ANY SPECIAL SAFETY/SECURITY CONCERNS FOR POLICE: _____

FILL OUT AND RETURN OR MAIL TO: SHOREWOOD POLICE DEPARTMENT, 903 W JEFFERSON ST, 60404

FOR OFC USE ONLY:

LRMS _____ WESCOM _____ TRAX _____

