

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



IN-HOME BUSINESS LICENSE AND REGISTRATION APPLICATION

Name of business _____

Address _____ Phone _____

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

Briefly describe business: _____

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 _____

What classification will your business apply to:

____ Retail ____ Industrial ____ Manufacturing

____ Professional ____ Warehousing ____ Public Services

How many employees? _____

How many employee vehicles will be on premises? _____

How many vehicles will be used with this business? _____

What is your Federal Employee Identification Number? _____

What is your Illinois Dept. of Revenue Number? _____

Certification

Name of business _____

I 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 ability. I hereby certify that I am the owner of the business and I give permission for my background to be checked by the Shorewood Police Department.

Date of application: _____

Signature of applicant (owner)

For office use only

Reviewed by Village Administrator _____ *Date* _____
Signature

Application (Approved _____) (Denied _____) by Village President on _____, 20 _____

Signature _____

Fee: \$ _____ License No. _____

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 _____

CRIMINAL HISTORY BACKGROUND INVESTIGATION CRIMINAL JUSTICE
NON-FINGERPRINT NAME INQUIRY FORM

(PLEASE TYPE OR PRINT ALL INFORMATION)



Transaction Control Number



FRM0830L14352941

The TCN is a unique number and should not be photocopied or duplicated. Original forms must be submitted.

Submitting Agency ORI - NCIC

IL									
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Submitting Agency Name

A **name based** criminal history record check will be performed based on the personal identifiers submitted pertaining to the applicant. Please note, however, that a "no record" response from the ISP does not ensure that conviction information does not exist under other personal identifiers for the individual in question. Conversely, a "record" response does not ensure that the record belongs to the subject in question. It is common for criminal offenders to use false or alias names and dates of birth which may not be detected by a name based request for conviction information. To ensure that the information furnished by the ISP positively pertains to the individual in question, a Fingerprint Inquiry card form (#ISP6-647) should be submitted. Fingerprints are the only positive means of identification.

Subject's Last Name

First Name

Middle Name

Date of Birth

State Identification Number

IL									
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Chicago IR #

FBI #

Sex

Race

The code values used in the Illinois State Police name search must include valid national crime information center code values for certain fields. These fields include sex codes and race codes. The standard code values for sex codes include "M" for Male, "F" for Female, or "U" for Unknown. The standard code values for race codes include "W" for White (includes Mexicans and Latins), "B" for Black, "A" for Asian/Pacific Islander, "I" for Indian/Alaskan Native, or "U" for unknown. If your submission contains values other than the standard code values, the search results could be adversely affected.

Social Security Number

Drivers License Number

DL State

Requestor's Name

Subject's Alias Last Name

First Name

Middle Name

Alias Date of Birth

Signature of Applicant: _____

Date: _____ / _____ / _____