



Date License Issued: \_\_\_\_\_  
Finance Department  
630-941-8300  
Fax: 630-617-0036

**BUSINESS LICENSE APPLICATION**  
**ALL FORMS ARE DUE MAY 1<sup>ST</sup> WITH FULL PAYMENT ENCLOSED**

Date: \_\_\_\_\_ License Application Fee: \$ \_\_\_\_\_

**Business:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Illinois Business Tax Number (IBT): \_\_\_\_\_

Business Name on Tax Return: \_\_\_\_\_

**Applicant:**

Full Name Of Individual Or Legal Entity In Ownership: \_\_\_\_\_

**You are only required to complete one of the following, depending on your business structure.**

**If An Individual:**

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**If A Partnership (General Or Limited), Joint Venture, Association, Firm Or Limited Liability Corporation:**

Authorized Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date and State Of Incorporation Or Formation: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

**If A Corporation:**

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date and State of Incorporation or Formation: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

**Manager:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The Applicant Hereby Declares That The Statements Made In This Application Are True And Correct.

Signature of Applicant: \_\_\_\_\_

**Note: Business License Fees And Additional Form For The Oakbrook Terrace Police Department Are Attached.**

**Annual Business License Fees**

|  |           |          |
|--|-----------|----------|
| 1. Automobile Filling Stations                       | \$ 200.00 | \$ _____ |
| Automobile Filling Station with Car Wash             | \$ 300.00 | \$ _____ |
| Automobile Filling Station with Mini-Mart            | \$ 400.00 | \$ _____ |
| Automobile Filling Station with Car Wash & Mini-Mart | \$ 550.00 | \$ _____ |
| 2. Car Wash  | \$ 250.00 | \$ _____ |
| 3. Hotels/Motels                                     | \$ 250.00 | \$ _____ |
| Total number of sleeping rooms _____                 |           |          |
| \$ 6.00 for each room over ten (10)                  |           | \$ _____ |
| 4. Sales Office (Motor Vehicles)                     | \$ 250.00 | \$ _____ |
| 5. Mobile Food Units                                 | \$ 70.00  | \$ _____ |

Unless exempted from business licensing requirements pursuant to division (A) of §110.01 of the City Code, all retail, wholesale, service, entertainment, restaurant and/or cocktail lounges, including banquet rooms or facilities or other business establishments for which a fee is not provided above or elsewhere in the City’s Code, shall pay the following license fees on a square footage basis:

6. What is the total square footage of your business? \_\_\_\_\_  
 Square footage fee: \$ \_\_\_\_\_

Fee Schedule:

|                          |            |                           |            |
|--------------------------|------------|---------------------------|------------|
| 0 – 1,500 Sq. Ft.        | \$ 200.00  | 1,501 – 2,500 Sq. Ft.     | \$ 250.00  |
| 2,501 – 5,000 Sq. Ft.    | \$ 300.00  | 5,001 – 10,000 Sq. Ft.    | \$ 350.00  |
| 10,001 – 15,000 Sq. Ft.  | \$ 400.00  | 15,001 – 20,000 Sq. Ft.   | \$ 450.00  |
| 20,001 – 30,000 Sq. Ft.  | \$ 600.00  | 30,001 – 50,000 Sq. Ft.   | \$ 750.00  |
| 50,001 – 100,000 Sq. Ft. | \$ 900.00  | 100,001 – 150,000 Sq. Ft. | \$1,000.00 |
| 150,001 Sq. Ft. and over | \$1,150.00 |                           |            |

**Total Amount Due**    \$ \_\_\_\_\_



Date Issued: \_\_\_\_\_  
Police Department  
630-941-8320  
Fax: 630-941-8808

## Keyholder And Emergency Information

### To All Business License Applicants and Business Registrants:

Please Complete All Information Below And Submit With Your Current Year Business License Application or Business or Professional Registration Form. This Information Will Be Kept Confidential In Our Emergency File In The Event That A Problem Arises On The Business Premises And The Police Department Needs To Contact A Designated Keyholder To Enter The Business.

### This Form Must Be Completed Before The City Will Issue A Business License Or Accept A Business Registration Application.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Phone Number If Other Than Business Identified Above: \_\_\_\_\_

Cell Phone Number, If Any: \_\_\_\_\_

City Of Residence: \_\_\_\_\_

Manager: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Phone Number If Other Than Business Identified Above: \_\_\_\_\_

Cell Phone Number, If Any: \_\_\_\_\_

City Of Residence: \_\_\_\_\_

### \*Keyholders Should Be Listed In The Order They Are To Be Called.

Keyholder #1 \*: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Phone Number If Other Than Business Identified Above: \_\_\_\_\_

Cell Phone Number, If Any: \_\_\_\_\_

City Of Residence: \_\_\_\_\_

Keyholder #2: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Phone Number If Other Than Business Identified Above: \_\_\_\_\_

Cell Phone Number, If Any: \_\_\_\_\_

City Of Residence: \_\_\_\_\_

Is Business Alarmed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are there Any DOT Classifiable Hazardous Materials Stored On Premises? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, What Type? \_\_\_\_\_ Quantity: \_\_\_\_\_



Date Issued: \_\_\_\_\_  
Finance Department  
630-941-8300 x 201  
Fax: 630-617-0036

## APPLICATION FOR AMUSEMENT DEVICE & VENDING MACHINES

Applicant Name \_\_\_\_\_

Business Location Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Location Address \_\_\_\_\_

Owner/Operator of Vending Machine or Amusement Device \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Juke Boxes - \$25.00 each   Pool Tables - \$100.00 each   Vending Machines - \$25.00 each**

### MACHINE TO BE LICENSED:

| Type: | Serial Number: |
|-------|----------------|
| _____ | _____          |
| _____ | _____          |
| _____ | _____          |
| _____ | _____          |
| _____ | _____          |
| _____ | _____          |

**AMUSEMENT DEVICE FEES:** License fees for each coin-operated amusement device shall be **\$25.00** per year. In addition there is an annual **\$200.00** amusement tax on each coin-operated amusement device.

| Type: | Serial Number: |
|-------|----------------|
| _____ | _____          |
| _____ | _____          |
| _____ | _____          |
| _____ | _____          |
| _____ | _____          |