



Administration Department

630-941-8300

Fax: 630-617-0036

## Business or Professional Registration Form

ALL FORMS ARE DUE MAY 1<sup>ST</sup> WITH FULL \$25 PAYMENT ENCLOSED

### To All Businesses Exempt from City Business License:

Business:

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

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

Renewal Mailing 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: \_\_\_\_\_

Email: \_\_\_\_\_

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

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



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. **It is imperative to include at least one email address for 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: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

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: \_\_\_\_\_

Is there a Knox box? Yes \_\_\_\_\_ No \_\_\_\_\_ Location: \_\_\_\_\_

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

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



Date Issued: \_\_\_\_\_  
Administration Department  
630-941-8300 x 202  
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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____