



Administration Department
630-941-8300
Fax: 630-617-0036

BUSINESS LICENSE APPLICATION
ALL FORMS ARE DUE MAY 1ST WITH FULL PAYMENT ENCLOSED

Date: _____ License Application Fee: \$ _____

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: _____

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. **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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____