



APPLICATION FOR BUSINESS LICENSE

1050 WEST ROMEO ROAD ROMEOVILLE, ILLINOIS 60446
TEL 815/886-7200 - FAX 815/886-2724

PLEASE COMPLETE ALL SIDES OF THE APPLICATION

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable.

Date of Application: _____	Opening Date (if applicable): _____
Type of Application: () New Business () Address Change () Expansion () Other _____	
BUSINESS NAME: _____	DBA: _____
TELEPHONE: _____	WEBSITE: _____
BUSINESS ADDRESS _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>

MAILING ADDRESS IF DIFFERENT FROM ABOVE

NAME: _____			
TELEPHONE: _____			
BUSINESS ADDRESS _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

PARENT COMPANY MAIN OFFICE

NAME: _____			
TELEPHONE: _____			
BUSINESS ADDRESS _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

TYPE OF OWNERSHIP: () <i>INDIVIDUAL</i> () <i>PARTNERSHIP</i> () <i>CORPORATION</i> () <i>LLC</i>
--

Required Information:

() **INDIVIDUAL**

Name: _____ Home Phone: _____
Social Security Number: _____ Email: _____
Home Address: _____
Street City State Zip

() **PARTNERSHIP**

Name: _____ Home Phone: _____
Social Security Number: _____ Email: _____
Home Address: _____
Street City State Zip

Name: _____ Home Phone: _____
Social Security Number: _____ Email: _____
Home Address: _____
Street City State Zip

() **CORPORATION** () **LLC**

Corporate Office Address _____
Street City State Zip
Principal Corporate Officer _____ Phone & Email _____
Other (include title) _____ Phone & Email _____
Other (include title) _____ Phone & Email _____

PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY AT THE BUSINESS:

Name _____ Phone & Email _____
Name _____ Phone & Email _____
Name _____ Phone & Email _____

THE FOLLOWING INFORMATION IS REQUIRED:

1. IS THE BUILDING OWNED OR LEASED? IF LEASED, PROVIDE LESSOR INFORMATION:

OWNED **LEASED**

Name _____ Phone _____
Address _____
Period covered by lease _____

2. **WHAT TYPE OF BUSINESS ARE YOU PROPOSING/OPERATING?** _____
DESCRIBE _____

3. **NUMBER OF EMPLOYEES:** _____ Full Time _____ Part Time _____ Seasonal/Temp

How many employees have the following functions?

_____ Management _____ Technical _____ Service/Sales _____ Production _____ Clerical

4. **TOTAL NUMBER OF PARKING SPACES PROVIDED** _____

Indoor Parking Spaces _____

Outdoor Parking Spaces _____

5. **HOW MANY COMPANY VEHICLES DO YOU HAVE?** _____

6. **HOW MANY DELIVERIES IN A 24 HOUR PERIOD DO YOU HAVE?** _____
If they are minimal, how many per week? _____

7. **PLEASE CHECK ALL THAT APPLY:**

- TOBACCO PRODUCTS TO BE SOLD**
- LIQUOR TO BE SOLD**
- RESTAURANT - WILL COUNTY HEALTH PERMIT NO.** _____ (attach a copy of permit)
- GASOLINE SERVICE STATION - NUMBER OF PUMPS** _____
- HOTEL/MOTEL - NUMBER OF ROOMS** _____
- VENDING MACHINES (LESS THAN 5 SELECTIONS) - HOW MANY?** _____
- VENDING MACHINES (5 OR MORE SELECTIONS) - HOW MANY?** _____
- AMUSEMENT MACHINES - HOW MANY?** _____
- AED MACHINE (REQUIRED FOR OCCUPANCY GREATER THAN 50 PEOPLE)** _____

8. **TOTAL FLOOR SQUARE FEET (OF OCCUPIED SPACE)** _____

Square feet dedicated to Offices _____

Square feet dedicated to Sales _____

Square feet dedicated to Warehouse _____

Square feet dedicated to Manufacturing _____

9. **STATE TAX ID NUMBER:** _____

10. **FEDERAL TAX ID NUMBER:** _____

11. **WILL THERE BE ANY EXTERIOR STORAGE OUTSIDE THE PRINCIPAL BUILDING?** YES NO

IF YES, HOW WILL IT BE CONTAINED? _____

12. WILL THERE BE ANY ACCESSORY STRUCTURES ON THE SITE? YES NO
13. WILL ANY FUELS, OILS, OR ANY OTHER CHEMICALS BE STORED ON THE SITE? YES NO
14. WILL ANY WASTE MATERIAL BE STORED ON THE SITE? YES NO
15. WILL TRUCKS MORE THAN ONE AND A HALF TONS BE PARKED ON THE SITE? YES NO
16. WILL ANY VEHICLES BE PARKED OVERNIGHT? YES NO
17. WILL THERE BE ANY REPAIR OF AUTOMOBILES, TRUCKS, BOATS, OR RECREATIONAL VEHICLES ON THE PREMISES? YES NO
 IF SO, WILL ALL REPAIR WORK BE CONTAINED WITHIN THE BUILDING? YES NO
18. WILL ANY LOUD NOISES BE GENERATED ON THE PREMISES? YES NO
19. WILL THERE BE INDOOR STORAGE ABOVE 12 FEET? YES NO
20. WILL THERE BE RACKING? (If yes, a separate permit is required) YES NO
21. IS YOUR BUSINESSS ALARMED? YES NO

ALARM COMPANY NAME _____ PHONE _____

TYPE OF ALARM: ROBBERY FIRE MEDICAL OTHER _____
 SILENT AUDIBLE BURGLARY

ALARM ZONE INFORMATION (EX. OFFICE, DOCK DOORS, ETC.)

ZONE 1: _____ ZONE 2: _____ ZONE 3: _____
 ZONE 4: _____ ZONE 5: _____ ZONE 6: _____

Please return the completed application to the Community Development Department for further processing. You will be contacted regarding approval of your application. Payment is not due until after the approval process has been completed.

I understand that the issuance of this license is conditioned upon compliance with all Village Ordinances and Codes and the results of any inspections of above premises at this time or any subsequent inspections while this license is in force. In addition, in the event that the above named business is found to be unsecured (i.e. unlocked or an entrance door or a window is open when premises are not occupied after business hours) I hereby authorize the Romeoville Police Department to enter the above named business for the purpose of protecting persons and property, and to search for possible intruders. If you do not authorize the entry by the Romeoville Police Department please indicate below.

ENTRY FOR EMERGENCIES IS HEREBY DENIED ENTRY FOR EMERGENCIES IS HEREBY GRANTED

 Business License Applicant Signature

 Date

FOR VILLAGE USE ONLY

Fire Department Inspection _____ **Date Inspected** _____
Initials

Occupancy Permit No. _____ **Date Issued** _____
No.

Rental Inspection Completed _____ **Date Completed** _____
Initials

Planning Department _____ **Date Completed** _____
Initials

Alarm Registration _____ **Date Received** _____
Initials

Emergency Contact _____ **Date Received** _____
Initials

Sanitary Sewer Questionnaire Completed _____ **Date Received** _____
Initials

Business License No. _____ **Date Issued** _____

Fee Paid \$ _____

<p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



Non-Residential User Discharge Questionnaire
Please call Tim Zarnowski at
(815) 886-1005 with any questions.

User: _____

Address: _____ **Authorized Rep:** _____

_____ **Title:** _____

Phone at Site: _____ **Email Address:** _____

1. **Number of Employees:** Office (Avg and Max) _____ All Other (Avg and Max) _____

2. **What service is performed at this site? (Include details about processes to create product, if applicable)**

3. **Please check applicable processes and sub-processes on site:**

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Office | <input type="checkbox"/> Wholesale Distributor | <input type="checkbox"/> Assembling |
| <input type="checkbox"/> Food Establishment | <input type="checkbox"/> Medical Office | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Fabricating |
| <input type="checkbox"/> Auto/Truck Repair | <input type="checkbox"/> R & D Lab | <input type="checkbox"/> Packaging | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Vehicle Wash | <input type="checkbox"/> Photo-developing | <input type="checkbox"/> Printing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Computer Center | (not copying) | _____ |

4. **What materials are received at the facility?**

5. **Is waste discharged?** Yes No
 If yes, please describe: _____

6. **Does firm store liquids in drums?** Yes No
 If yes, how many? Less than 5 5 or more
 General Substance: _____

7. **Is water used in any process such as fouling, cleaning, mixing, painting, manufacturing, rinsing, etc? Circle those that apply, or check "No". If "Yes", please provide general details on back.** No

Is any chemical, paint, oil, ink, dye, or solvent used in your business? Circle those that apply, or check "No". If "Yes", please provide general details on back. No

By signing below, you endorse the following statement:

"I certify that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for willingly submitting false information, including the possibility of fine and imprisonment."

x. _____

Date: _____

ROMEORVILLE AREA



CHAMBER of COMMERCE

A Chamber of Commerce is a coalition of area businesses, industries, organizations, and professionals who pool their talents and resources to improve the economic, civic, and cultural climate of their community.

Businesses and organizations are eligible to belong to the chamber of commerce. Dues are structured so even the smallest business can be a member.

The Chamber is an advocate and service organization for business.

It provides a venue through which business professionals can take effective action for the progress and growth of their communities.

Why should you become a member of your Chamber?

- As a Chamber member, you become a part of an organization with a strong credible voice that speaks out on behalf of business and industry.
- A Chamber membership allows you to shape your community by participating in projects and special task groups which apply business-oriented solutions to community concerns.
- As a Chamber member, you have access to one of the most efficient, effective networking systems available to promote your business and expand your customer base.
- Your local Chamber of Commerce works tirelessly to promote members, and can provide you with resources and referrals to grow your business.
- A Chamber membership can boost your community image and increase your sales. A recent national survey found that consumers are 63% more likely to buy from Chamber members.

Join today and let your Chamber start working for you!



**Outgoing
Professional
Education
Networking**

Membership Application

New Member

Current Member

Dues: \$

Business Name: _____

Describe your business (What do you do/ provide?)

Physical Address

Mailing Address

Email:

Website:

Twitter:

Facebook:

@ _____

Work Phone:

Cell Phone:

Contact Person:

Title:

We have _____ total employees _____ full time _____ part time.

Would you be interested in the following Chamber benefits?

Ribbon Cutting Ceremony?

Y N

Hosting an After 5 Event?

Y N

Sponsoring a Monthly Luncheon?

Y N

Advertise in an eBlast?

Y N

Greeter Bag Program?

Y N

All applicable membership dues must accompany this application.

Please complete application and mail it with a check made payable to: Romeoville Area Chamber of Commerce.

Dues Amount: \$ _____ Credit Card #: _____

Name on Card: _____ Exp. Date: _____ CVC Code: _____

To creatively connect business, education, and our community. #OPEN

Member Benefits:

- Listing on Chamber Website
- Electronic Newsletter
- Member Referrals
- Sponsorship Opportunities
- Ribbon Cutting Ceremony
- Monthly Membership Luncheons
- Monthly Business After Hours
- Greeter Bag Program

The Membership Dues below are designed to ensure that your business receives the greatest possible value based on the size of the business. All of our active and participating members receive far more in benefits than the annual membership dues, and we look forward to showing you the benefits of our chamber!

Chamber Membership is a smart business investment. Financial support of the Chamber may be a deductible from Federal Income Tax as an ordinary and necessary business expense.

Membership Dues

When calculating number of employees, two Part-Time Employees equal one Full-Time Employee.

# OF EMPLOYEES	DUES
1 to 5	\$175
6 to 10	\$225
11 to 25	\$315
26 to 45	\$525
46 or more	\$700
Non-Profit	\$100