



# 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 _____	
<b>BUSINESS NAME:</b> _____	<b>DBA:</b> _____
<b>TELEPHONE:</b> _____	<b>WEBSITE:</b> _____
<b>BUSINESS ADDRESS</b> _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>

## MAILING ADDRESS IF DIFFERENT FROM ABOVE

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

## PARENT COMPANY MAIN OFFICE

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

**TYPE OF OWNERSHIP:** ( ) INDIVIDUAL      ( ) PARTNERSHIP      ( ) CORPORATION      ( ) LLC

**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

*Before you click the submit button below,  
 please complete page 6.*





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:

- Checkboxes for: Retail, Office, Wholesale Distributor, Assembling, Food Establishment, Medical Office, Warehouse, Fabricating, Auto/Truck Repair, R & D Lab, Packaging, Manufacturing, Vehicle Wash, Photo-developing, Printing, Other, Laundry, 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