

VILLAGE OF BANNOCKBURN

2275 Telegraph Road Bannockburn, IL 60015
Telephone (847) 945-6080 Fax (847) 945-6538

For your **20__ Business License / Registration:** 1) Please review the information below, updating any incorrect or missing data relating to your business; 2) Complete this **Business License / Registration** form; 3) Sign on page 2; and 4) Return it with the \$ **(call for fee)** within 30-days of opening.

If you would like the Village of Bannockburn to provide a link to your website, please complete and return the enclosed yellow authorization form.

Name: _____

Address: _____

Bannockburn, IL 60015

Type of Applicant _____ Bannockburn Business Since _____
Individual Club Partnership LLC S-Corporation C-Corporation

Business Conducted _____

Each Applicant signs on Page 2.

Partnership: Provide information for each partner or person entitled to share in profits, as well as information regarding the Partnership when applicable.

Corporation and LLC: Provide information for each officer and for each stockholder owning or entitled to 5% or more of the total issued stock, as well as information regarding the Corporation when applicable, and a copy of the articles of incorporation. If a foreign corporation, provide documentation of authorization to conduct business in Illinois. Articles of Incorporation need only be provided once.

Club: Provide information for each director and member entitled to vote 5% or more of the total membership, as well as information regarding the Club when applicable.

LOCAL Information Contact Name & Title _____

Local Contact Email _____

Office Telephone Number _____ Office Fax Number _____

Corporate / Headquarters Information (If Different From Above)

Primary Business Contact Name & Title _____

Address _____

Telephone _____ Fax _____

Does your business collect Illinois sales tax? Yes No

Are you willing to provide the annualized amount collected? Yes No

If your business is exempt from local licensing, please indicate the Illinois statutory basis and mark here. Exempt _____ ILCS _____.

Does your business, occupation or activity:

Circle ANY that apply:

- | | |
|--|---|
| Sell Cigarettes, tobacco or tobacco products | Sell Alcoholic Beverages |
| Operate vending machines | Operate automatic Dry Cleaning machines |
| Sell or Offer prepared food for consumption on or off the premises | Sell live animals or plants |
| Sell or offer food or food products intended for off premise preparation | Offer Food service |
| Barber Shop | Hotel or Motel |
| Self Serve Laundry | |

If you have any vending machines, please provide the contact information.

_____	_____
Business Name	Telephone
_____	_____
Address	Contact Name/Title

Home Occupation Compliance Acknowledgement Completed? _____ Need to Complete? _____

* The applicant agrees that the Primary Business Contact is an agent for the applicant for the purposes of receiving all notices and communications under the Bannockburn Licensing Ordinance, Ordinance No. 85-17, as amended. The applicant also agrees and understands that the Village shall not be limited or be stopped to serve citations or process upon such persons and in such manner as permitted by law.

The applicant and the applicant’s officers, principals, and agents understand and agree to all applicable provisions of the Bannockburn Licensing Ordinance, including the Section 1-110 requirement that the applicant shall agree to permit authorized Village officials to make any necessary inspections and take any necessary samples to determine whether the applicant-licensee has complied with all regulatory requirements. A copy of our Ordinance is available upon request.

The applicant further states that the applicant has complied with all applicable federal and state laws and local ordinances applying to the business, occupation or activity sought to be licensed.

Dated at Bannockburn, Illinois this _____ of _____, 20_____.

I (we) certify that the information contained in the above and attached sheets are true to the best of my (our) knowledge. Signature(s) of Applicant(s)

_____	_____
Signature	Date
_____	_____
Printed Name	Title
_____	_____
Signature	Date
_____	_____
Printed Name	Title

Provide additional signature sheets if needed.