



Village of Bannockburn Business License Application

2024

Business Entity Information:

Type of Business: Sole Proprietor Partnership LLC Corporation Non-Profit Trust Other _____

Legal Name of Business: _____

The exact "legal name" as it appears in the official business formation documentation.

- For Sole Proprietors, this is the full name of the business owner as it appears on their valid government issued photo ID.
- For Partnerships, this is the full name of each business owner as it appears on their valid government issued photo ID.
- All other business entity types must use the legal name, and DBA (below), as it appears in the official registration documentation.

"Doing Business As" Name: _____

The exact "Doing Business As" (DBA) name as it appears in the official business formation documentation.

IMPORTANT: # of employees at the Bannockburn Location: _____ Website: _____

Business Activity and Location:

Business Activity: _____ Tenant since: _____

List your business activities, including all products and/or services offered

Year business opened at current location

Check all the below which apply to this business: reference Article II Businesses and Occupations in Village Code for restrictions

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Animal Services | <input type="checkbox"/> Florist shop or conservatory | <input type="checkbox"/> Food service establishment | <input type="checkbox"/> Food vending machine |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Motor vehicle sales and service establishment | <input type="checkbox"/> Sporting goods and other retailers engaged in sale of firearms | <input type="checkbox"/> Cigarettes, Tobacco or Tobacco products sales (requires add'l fee and signed affidavit) |
| <input type="checkbox"/> Self-serve laundry | <input type="checkbox"/> Automatic dry-cleaning machines | <input type="checkbox"/> Dry-cleaning establishment | <input type="checkbox"/> Sell alcohol (requires additional license) |

Business Site Address: _____ Bannockburn, IL 60015

Provide the full business address where the business transactions and/or activities occur. If applicable, provide extended address (e.g., 100-102 N. Main St.)

Establishment has Security Alarm? Yes No Establishment is a Home Office? Yes No

Primary Business Contact for Site Address:

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Corporate/Headquarters Information (if different from above):

Name: _____ Title: _____

Address: _____
Street Address Ste/Unit # Floor # City State Zip

Phone Number: _____ Email Address: _____

Send future applications by: Email -or- Mail to Business -or- Corporate

Send Business License by: Email -or- Mail to Business -or- Corporate

