

2020

VILLAGE OF BANNOCKBURN BUSINESS INFORMATION SHEET



Application Type

- Business License
 Vending Machine
 Restaurant
 Cafeteria
 Catering

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 General 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.

**# of Employees
at Bannockburn Location**

Business Activity and Location

Business Activity

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

Business, Occupation, Activity or Sell any of the Following:

- Barber Shop
 Self-Serve Laundry
 Operate Dry Cleaning Machines
 Hotel/Motel
 Foodservice
 Cigarettes, tobacco, or tobacco products
 Prepared food for consumption on or off premises
 Alcoholic Beverages
 Sell live animals or plants
 Food or food products intended for off premise preparation

Business Site Address

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

Street Number(s)	Street Name	Ave./St.	Ste./Apt. #	Floor #
City	State	ZIP Code		

Primary Business Contact Information

First Name	Title
Phone Number	Email Address

Corporate/Headquarters Information (If Different from Above)

First Name	Title
Address	City, State, Zip
Phone Number	Email Address

Send Application to: Business Corporate Send Business License to: Business Corporate

Vending Machine Contact Information

Business Name	Contact Name			
Address	Suite/Apt #	City	State	Zip Code
Phone Number	# of Vending Machines	Email Address		

Fee Schedule

Business Type	Number of Units	Fee	Amount Due
Banks, Currency Exchanges Financial Institutions, Investment Companies, and Savings & Loans & Securities & Commodities Broker Offices		\$ 100.00	
Restaurants - Each Seat (\$50 minimum)	_____ # of Seats	x \$ 5.00	
Delicatessens, Cafeterias, and Self-service Restaurants	_____ # of Seats		
	0-20 Seats	\$ 100.00	
	21-50 Seats	\$ 200.00	
	51-100 Seats	\$ 300.00	
	>100 Seats	\$ 400.00	
Hotels and Motels- \$100 plus cost per room		\$ 100.00	
	_____ # of Rooms	x \$ 5.00	
Exempt from Licensing per ILCS _____ <small>Must be Filled in if Exempt</small>		N/A	
Business License Fee – All business not listed above:		\$ 50.00	
Vending Machines - Each Machine	_____ # of Machines	x \$ 20.00	
Total: Make Check Payable to Village of Bannockburn			

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 Municipal Code Chapter 159, Licensing of Businesses and Occupations, as may be amended from time to time, located on the Village's website. 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 159-9 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.

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

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title