



# Business License/Registration Application

Community Development Department  
 Village of Niles  
 1000 Civic Center Dr., Niles, IL. 60714  
 (847) 588 - 8040 | F: 847-588-8050 | www.vniles.com

OFFICE USE ONLY

APP DATE:	LICENSE FEE:
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## I. BUSINESS INFORMATION:

DOING BUSINESS AS (NAME ON SIGN):		BUSINESS WEBSITE ADDRESS:	
BUSINESS LOCATION ADDRESS: SUITE #:	CITY:	STATE:	ZIP:
SQUARE FOOTAGE OF SPACE:	BUSINESS EMAIL:	OPENING DATE:	
BUSINESS PHONE:	BUSINESS CONTACT NAME, TITLE:		

## II. BUSINESS OWNER INFORMATION

FIRST:	LAST:	PHONE:
ADDRESS:	CITY, STATE:	ZIP:

## III. BUSINESS OWNERSHIP STRUCTURE THIS BUSINESS IS A:

Individual Business
  Partnership
  Corporation
  Limited Liability Company
  Nonprofit
  Association

DETAILED DESCRIPTION OF BUSINESS USES/SERVICES PROVIDED:

BUSINESS LEGAL NAME (CORPORATION):

IS YOUR BUSINESS LICENCED IN THE STATE OF ILLINOIS?  YES  NO IF YES, STATE LICENSE # \_\_\_\_\_ (ATTACH COPY).

EXAMPLE: PROFESSIONALS REQUIRED TO BE LICENSED BY THE STATE (I.E. LAWYERS, DOCTORS, REAL ESTATE AGENTS, ARCHITECTS, ETC.)

ILLINOIS BUSINESS AUTHORIZATION NUMBER (SALES/USE TAX# OR EXEMPT #):

FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN):

## IV. BILLING INFORMATION IF DIFFERENT THAN SECTION I:

ADDRESS:	CITY:	STATE:	ZIP:
PHONE NUMBER:			

## V. LANDLORD INFORMATION (IF THE SPACE IS RENTED):

COMPANY:	CONTACT PERSON:
ADDRESS:	CITY: STATE: ZIP:
PHONE NUMBER:	EMAIL ADDRESS:

### OFFICE USE ONLY

#### LICENSING REQUIRED

QTY:	SERVICE:	CODE:
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### APPROVALS

ZONING:	FIRE:	LICENSING:
DATE:	DATE:	DATE:

**VI. BUSINESS DETAILS ANSWER ALL QUESTIONS BELOW:**

1. Is the business a new use in this location when compared to the previous occupant? <b>If YES, note previous use:</b> _____ <i>Example: Opening a restaurant in a location that was previously an office is a new use.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Unsure
2. Does this business offer massage therapy to the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does this business have coin-in-slot or vending machine devices on the premises? # of Devices: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will hazardous materials be stored at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does this business sell tobacco/e-cigarette products over the counter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Will you or have you applied for a building permit? Work that adds, moves, or exposes water lines, gas, electricity or walls needs a building permit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does this business location have or will have a security alarm? Note: A Building Permit is required to install a security alarm.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Will you be making modifications/additions to signage? Note: A Sign Permit may be required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. PREPARED FOOD AND ENTERTAINMENT:</b>	
A) Is there more than 10% of the business floor area devoted to the same and/ or storage of food/beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Does this business sell/serve prepared food or beverages directly to the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Does this business use a vehicle to sell prepared food or beverages directly to the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Have you applied or will you apply for a liquor license (Village Manager's Office)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Restaurants with a bar area, indicate number of seats/barstools _____	
F) Does this business provide amusement and/or entertainment? <a href="#">Sec. 94-280</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Does this business provide motor fuel/gasoline?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that as a business owner, I will notify the Village of Niles should I decide to sell prepared food and/or beverage and/or provide music or entertainment at this location.

**Sec. 94-250** requires businesses that sell prepared food and/or beverage must collect and remit directly to the Village of Niles the additional 1% food and beverage tax.

**Sec. 94-281** requires businesses that provide amusement/entertainment must collect and remit directly to the Village of Niles the additional 3% amusement tax.

Please contact the Finance Department for additional information: 847-588-8035

**VII. EMERGENCY CONTACT INFORMATION**

FIRST:	LAST:	TITLE/ROLE:
ADDRESS, CITY:	STATE:	ZIP:
HOME/CELL PHONE (CIRCLE):	EMAIL:	
FIRST:	LAST:	TITLE/ROLE:
ADDRESS, CITY:	STATE:	ZIP:
HOME/CELL PHONE (CIRCLE):	EMAIL:	

**VIII. FIRE ALARM MONITORING INFORMATION**

NAME:	
TELEPHONE:	EMAIL:

**NOTE: If the license has not been issued or picked up within six (6) months of the application date, this application will be considered VOID and a new application shall be submitted.**

I DO HEARBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ADDENDUMS (IF APPLICABLE) HAS BEEN FURNISHED BY ME AND TO THE BEST OF MY KNOWLEDGE IS CORRECT. I UNDERSTAND THAT ANY UNTRUE, INCONSISTENT OR MISLEADING INFORMATION SHALL BE CAUSE FOR REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION. I FURTHER CERTIFY THAT BY APPLYING IN WRITING FOR A LICENSE TO OPERATE IN THE VILLAGE OF NILES I HAVE READ AND UNDERSTAND MY OBLIGATIONS UNDER APPROPRIATE CHANGES DURING THE COURSE OF THE LICENSE YEAR I WILL NOTIFY THE VILLAGE OF NILES, IN WRITING, WITHIN SEVEN (7) DAYS OF SUCH CHANGE.

I WILL CALL **COMMUNITY DEVELOPMENT AT 847-588-8040 TO SCHEDULE THE INSPECTION(S) NEEDED FOR THIS BUSINESS LICENCE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date