



Village of East Dundee

120 Barrington Avenue

East Dundee, Illinois 60118

Phone:(847)426-2822x2 gness@eastdundee.net

BUSINESS REGISTRATION, LICENSE RENEWAL & OCCUPANCY APPLICATION

I (We), the undersigned, hereby complete the application for a Business License under the ordinances of the Village of East Dundee for conducting a business. Any omissions or misstatements of facts herein may cause forfeiture for granting of the Business License.

SECTION A: LOCAL BUSINESS Send Renewal information to this Address YES NO

Name of Business: _____

Doing Business As: _____

Local Address: _____ Unit #: _____

Business Phone: _____ Business Fax: _____

State Sales Tax ID: _____ FEIN Number: _____

Website Address: _____ Email Address: _____

Would you like to have your business listed in the directory on the Village's website? Yes No

Would you like to receive Village related notifications to the email address listed above? Yes No

Please select the category that best describes your business:

A=Antiques and Specialty shops
B=Banks and lending institutions
D=Dining (sit down and eat)
E=Entertainment

F=Food and beverages
H=Health Care
L=Lodging
N=Not for profit

P=Professional (lawyers, CPA's)
R=Retail S= Services

SECTION B: OWNER/ CORPORATION Send Renewal information to this Address YES NO

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SECTION C: EMERGENCY INFORMATION- Local Personnel to be notified in case of emergency

1. _____
Name Address City/State Phone #

2. _____
Name Address City/State Phone #

SECTION D: FEES

**** (New Businesses Only) - \$150**

One Time Occupancy Fee \$100 Annual Business License \$50

****Registrations Received prior to January 1st - \$50.**

****Registrations Received after January 1st may be subject to citation.**

SECTION E: POLICE/FIRE/QUADCOM EMERGENCY INFORMATION

Our list of your personnel to contact in case of an emergency after your regular closing time needs to be updated. The information you supply is for the Police Department, Fire, and QuadCom use only. Copies of this information will be maintained at our police station as well as at Quadcom Dispatch Center.

You assistance in this matter is most appreciated.

- 1) Name of Business: _____
- 2) Address: _____
- 3) Business Telephone #: _____

Name and Home telephone number of (preferably three people) having keys to the building, knowledge of its layout and operations, and keys and/or code for the alarm system. When listing your key holders, list the names in the order to be called out, if possible, the key holder who lives a short distance away. Also note which key holder is the owner/manager.

- 1st to be called: _____ Phone Number: _____
- 2nd to be called: _____ Phone Number: _____
- 3rd to be called: _____ Phone Number: _____

SECTION F: GENERAL BUSINESS INFORMATION

BUSINESS HOURS:

Monday- _____ to _____
 Tuesday- _____ to _____
 Wednesday- _____ to _____
 Thursday- _____ to _____
 Friday- _____ to _____
 Saturday _____ to _____
 Sunday _____ to _____

EMPLOYEE INFORMATION:

Total Number of Employees: _____
 Number of Full Time Employees: _____
 Number of Part Time Employees: _____

Alarm Company: _____

SIGNATURE OF OWNER OR MANAGER: _____

PRINT NAME: _____

Title: _____

Date: _____

OFFICE USE ONLY

Occupancy Approval: _____
(New Businesses Only)

Business Registration: \$50.00 # _____
Occupancy: \$100.00 # _____

Payment amount: _____

Date: _____