



Application for General Business License

I. General Information

I intend to:

- ☐ Open a new business in Frankfort
- ☐ Relocate my existing Frankfort business ➡
- ☐ Renew my existing business license ➡
- ☐ Change ownership of an existing license ➡

License #: _____

Where will your business be located?

Street Address: _____ Unit/Suite # _____

Do you plan to build or remodel the existing space to accommodate your business?

- ☐ Yes ☐ No

If yes, please complete an application for building permit and submit both applications together.

APPLICATION FEES

(paid at time of application)

NEW/RELOCATE/CHANGE

Home Business: \$15

All Others: \$100

RENEWALS

Class A: \$35

Class B: \$25

Class C: \$15

Class E: \$25

Class G: \$35

Class H: \$15

II. Applicant Information (Applicant is the Business Owner's authorized contact for future correspondence regarding the license and renewal)

Name: _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ ☐ Cell ☐ Business ☐ Home

Alt. Phone #: _____ ☐ Cell ☐ Business ☐ Home

Fax #: _____

E-Mail: _____

I am the: ☐ Business Owner ☐ Property Owner ☐ On-Site Manager ☐ Primary Emergency Contact ☐ Business Owner's Agent

Check all that apply. All applications must be signed by the Business Owner. Additional contact information may be provided on page 4.

III. License Information

Business Name: _____

Type of License Requested:

- ☐ Class A: Food-Related Establishments
- ☐ Class B: Retail
- ☐ Class C: Office
- ☐ Class E: Industrial
- ☐ Class F: Long-Term Care Facility
- ☐ Class G: General Commercial
- Class H: Home Business

Does your business require a local, state or federal license?

- ☐ Yes ☐ No

If yes, submit a copy of each with this application.

What is your Illinois Business Tax #?

IBT/Account #: _____

What is the local business phone number? (if available)

Local Phone #: _____

IV. Business Information

a) Ownership:

Type: ☐ Individual ☐ Partnership ☐ Corporation

List the names of all owners. If more than one owner, complete "Additional Contacts" section on page 4. Corporations should list the names and addresses of each shareholder with an interest of 10% or greater and the president, secretary and registered agent.

☐ **Owner is the Applicant identified in Section II.** (if checked, continue to b.)

Owner's Name: _____ Percent Interest: _____ %
Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ ☐ Cell ☐ Business ☐ Home
Alt. Phone #: _____ ☐ Cell ☐ Business ☐ Home
Fax #: _____
E-Mail: _____

b) Have you, any of the owners or any business in which you or any of the owners have or had an interest ever had a license of any sort from the Village, another municipality, a county, a state or the federal government denied, suspended or revoked?

☐ Yes ☐ No

If yes, identify the name of the person, type of license, government body taking action, the action taken, and date(s).
Use additional sheets if necessary.

c) Description of Business:

Fully describe the business activities that will occur at the business location, including products and/or services to be provided or dispensed. Where more than one activity is conducted on the same premises, please describe and identify the approximate percentages related to each activity. Attach additional pages if necessary.

d) My business will: (Check all that apply)

- ☐ Store/Sell Alcohol (attach liquor license application)
☐ Store/Sell Tobacco (attach tobacco license application)
☐ Manufacture/Store/Sell dangerous, hazardous or explosive materials Type: _____

e) My business hours are: (Hours outside of 7 a.m. - 11 p.m. require "special use" approval by the Plan Commission and Village Board. Please plan for a 45-60 day review period following submission of a complete application for Plan Commission Review.)

V. Complete Application Checklist

- ☐ 1. All sections are completely answered.
- ☐ 2. Contact information is provided for Business Owner, On-Site Manager, Emergency Contact(s) & Security Company (See Pg. 4)
- ☐ 3. Copies of required local, state and/or federal licenses are attached.
- ☐ 4. Applications for Building Permit, Alcohol, Tobacco and/or Plan Commission review are attached.
- ☐ 5. Application is executed by Business Owner and Property Owner.
- ☐ 6. \$100 Application Fee for New Businesses; \$15 Application Fee for New Home Businesses. Renewal Fees as published.

VI. Property Owner Acknowledgement (if the premises are leased)

Property Owner's signature **Date** **Printed Name:** _____

VII. Representations and Acknowledgments

All persons identified herein (other than shareholders, presidents, secretaries and agents of publicly-traded corporations) must present a drivers license or other photographic identification card issued by the Secretary of State of Illinois or another state, a copy of which will be retained by the Village and used for a criminal background check.

The Village will conduct an inspection of the business premises prior to issuance of a license and may thereafter periodically conduct compliance inspections. The initial inspection will occur between the hours of 9 a.m. and 4 p.m., Monday through Friday.

I, hereby certify and affirm under oath and penalty of perjury, as follows:

- 1. All statements in this application are true, correct and complete.*
- 2. I expressly authorize the Village and its officers, officials, employees, agents and representatives to conduct criminal background checks of myself, and I agree to hold the Village and its officers, officials, employees, agents and representatives harmless from any and all claims and liability of any type, nature or description in any way related to said criminal background checks.*
- 3. I am duly empowered to authorize the Village and its officers, officials, employees, agents and representatives to conduct criminal background checks of the other persons required to submit fingerprints and photographic identification, who - through my signature - expressly authorize said background checks and agree to hold the Village and its officers, officials, employees, agents and representatives harmless from any and all claims and liability of any type, nature or description in any way related to said criminal background checks.*
- 4. I expressly authorize the Village and its officers, officials, employees, agents and representatives to conduct inspections of the business premises, and I agree to hold the Village and its officers, officials, employees, agents and representatives harmless from any and all claims and liability of any type, nature or description in any way related to said inspections.*
- 5. I will apply for and obtain all required building permits before making any improvements to the business premises, including the erection, alteration, repair or relocation of any signage.*
- 6. I will notify the Village in writing within 15 days of any change in the information provided in this application.*
- 7. I have verified, or had the opportunity to verify, the existing zoning of the property and all regulations pertaining thereto.*
- 8. I will abide by all ordinances of the Village of Frankfort, as amended from time to time.*

If any information in this application is untrue, incorrect or incomplete, I understand that, in addition to pursuing any penalties provided by law, the Village will reject this application or, if a general business license was already granted, revoke said license.

Business Owner's signature **Date** **Additional Owner's signature(s)** **Date**

Printed Name: _____ **Printed Name(s):** _____

- Continue to Page 4 to identify additional owner or contact information -

VIII. Additional Contacts - Attach additional sheets as necessary

Type (check all that apply): ☐ Business Owner ☐ On-Site Manager ☐ Emergency Contact ☐ Security Alarm Company

Name: _____ Percent Interest (if applicable): _____ %
Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ ☐ Cell ☐ Business ☐ Home
Alt. Phone #: _____ ☐ Cell ☐ Business ☐ Home
Fax #: _____
E-Mail: _____

Type (check all that apply): ☐ Business Owner ☐ On-Site Manager ☐ Emergency Contact ☐ Security Alarm Company

Name: _____ Percent Interest (if applicable): _____ %
Title: _____
Address: _____ City: _____ State: _____ Zip: _____
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E-Mail: _____