



FOR VILLAGE USE ONLY:

Date Received: _____

Fee Paid: _____

Business License #: _____

HOME BUSINESS LICENSE APPLICATION

Business License Office: (847) 359-9042 BL@palatine.il.us

New Business Existing Business (if an existing business please check one of the following):

Ownership Change Name Change Address Change Other

BUSINESS INFORMATION:

Business Name (DBA): _____

Corporate Name (if different): _____

Business Address: _____

Billing Address (if different from Business Address): _____

Business Phone #: _____

Business Website: _____ Business E-mail: _____

Federal Employer Identification # (FEIN): _____ Illinois Business Tax # (IBT): _____

BUSINESS OWNERSHIP INFORMATION: (Please list ALL business owners):

1. Business Owner: _____ Driver's License #: _____

Home Address: _____

Phone: _____ E-Mail: _____

2. Business Owner: _____ Driver's License #: _____

Home Address: _____

Phone: _____ E-Mail: _____

FOR VILLAGE USE ONLY

ZONING: _____ Date: _____ LICENSE OFFICER: _____ Date: _____

LICENSE FEE DUE: _____

