



FOR VILLAGE USE ONLY:
 Date Received: _____
 Business License #: _____

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: _____ Suite/Unit #: _____
 Billing Address (if different from Business Address): _____
 Business Phone #: _____ Corporate Phone #: _____
 Business Website: _____ Business E-mail: _____
 Emergency Contact: Name: _____ Phone #: _____
 Federal Employer Identification # (FEIN): _____ Illinois Business Tax # (IBT): _____

BUSINESS OWNERSHIP INFORMATION: Please list ALL business owners, if more than 2 owners, please list the additional business owner contact information on the bottom of the next page:

1. Business Owner: _____ Driver's License #: _____
 Home Address: _____
 Phone: _____ E-Mail: _____

2. Business Owner: _____
 Home Address: _____ Driver's License #: _____
 Phone: _____ E-Mail: _____

BUSINESS TYPE (please select only the primary use of your business):

Retail/Wholesale Food Service Service/Office Entertainment Industrial

Total square footage of business: _____ Expected Date of Occupancy: _____

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APPROVED DENIED LICENSE OFFICER: _____ Date: _____

LICENSE FEE DUE: \$ _____

PROPOSED BUSINESS INFORMATION: To process your application, you must provide detailed information regarding your proposed business. At a minimum, please provide all of the following information:

Business Description: Please provide (or attach) a detailed description/business plan of your proposed business (this should include a summary of the business to be conducted, items and/or services to be offered, etc.):

Hours of operation: _____ ***Number of employees:*** _____

Will you be applying for (or do you have) a Village of Palatine Liquor License? YES NO

Have you ever been issued a business license in another community? YES NO

Have you ever had a liquor or business license sanctioned, suspended, or revoked? YES NO

By signing and submitting this Business License Application you acknowledge that the information provided is complete and accurate to the best of your knowledge and that, if approved, you will abide by all applicable Village regulations. In addition, you acknowledge that submitting this Business License Application does not constitute or guarantee the Village of Palatine's approval of your Business License Application.

Signature/Title Date

Note: If you **DO NOT** wish to share information about your business in the Village Newsletter or with the Palatine Area Chamber of Commerce please check the box:

Please submit your Business License Application to the following:

Village of Palatine
Attn: Business Licensing
200 E. Wood Street
Palatine, IL 60067

ADDITIONAL BUSINESS OWNERSHIP INFORMATION (if necessary):

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

Home Address: _____

Phone: _____ E-Mail: _____

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

Home Address: _____

Phone: _____ E-Mail: _____