



2010
BUSINESS LICENSE APPLICATION
FOR LOCATIONS IN RESIDENTIAL DISTRICTS

ANSWER ALL QUESTIONS, SIGN THE APPLICATION ON THE LAST PAGE AND RETURN THE APPLICATION WITH A \$50.00 CHECK MADE PAYABLE TO "VILLAGE OF LONG GROVE".
MAIL COMPLETED APPLICATION AND CHECK TO:
VILLAGE OF LONG GROVE, 3110 RFD, LONG GROVE, IL 60047

Type Of Applicant: sole proprietorship club partnership corporation

1. Name of Business: _____
2. Address of Business: _____
3. Phone Number of Business: _____

Partnership: Provide information for each partner or person entitled to share in profits, as well as information regarding the Partnership when applicable.

Corporation: Provide information for each officer and for each stockholder owning or entitled to 5% or more of the total issued stock, as well as information regarding the Corporation when applicable. If a foreign corporation, provide documentation of authorization to conduct business in Illinois.

Club: Provide information for each director and member entitled to vote 5% or more of the total membership, as well as information regarding the Club when applicable.

4. Fax Number of Business: _____
5. E-mail Address of Business: _____
6. Primary Business Contact Name & Title: _____
7. Type of Business (include narrative to explain business) _____

8. Number of Employees: _____
Days of Operations: _____ Hours of Operations: _____
9. Illinois Sales Tax Number: _____
10. Alarm System In Business: Yes No Already Registered
(If yes, complete Registration of Alarm System Form, if you haven't already done so.)

11. Does your business, occupation or activity:

	Yes	No
• Sell cigarettes, tobacco or tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>
• Sell alcoholic beverages?	<input type="checkbox"/>	<input type="checkbox"/>
• Operate vending machines?	<input type="checkbox"/>	<input type="checkbox"/>
• Offer food services?	<input type="checkbox"/>	<input type="checkbox"/>
• Sell or offer prepared food for consumption on or off premises?	<input type="checkbox"/>	<input type="checkbox"/>
• Sell or offer food or food products intended for off premise preparation?	<input type="checkbox"/>	<input type="checkbox"/>
• Sell live animals or plants?	<input type="checkbox"/>	<input type="checkbox"/>

Any "YES" responses above necessitate completion of the Supplemental Business License Application.

12. If you have any vending machines, please provide the name of the vending company. _____

AS A REMINDER, THE SALES TAX RATE FOR THE VILLAGE IS 8.0%

The undersigned applicant does hereby state on oath that he or she knows the property and business to be in compliance with all of the ordinances of the Village of Long Grove and that he or she will continue to comply with the said ordinances as well as keep the property and business in compliance during the period of any license issued or during any time such business is open for business. It is further understood that the applicant is aware of the various prohibited uses as outlined in Title 5, Chapter 4 of Village Code and sign regulations, lighting regulations, and other such regulations and will comply with these regulations for their property and business.

The applicant further agrees that the Primary Business Contact is an agent for the applicant for the purposes of receiving all notices and communications under the Village Licensing requirements. The applicant also agrees and understands that the Village shall not be limited or estopped to serve citations or process upon such persons and in such manner as permitted by law.

The applicant and the applicants' officers, principals, and agents understand and agree to all applicable provisions of the Village of Long Grove Licensing requirements, including the requirement that the applicant shall agree to permit authorized Village officials to make any necessary inspections to determine whether the applicant-licensee has complied with all regulatory requirements.

The applicant further states that the applicant has complied with all applicable federal and state laws and local ordinances applying to the business, occupation or activity sought to be licensed.

Dated this _____ day of _____, 20_____.

Signature(s) of Applicant(s)

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

Provide additional signature sheets if needed.