

Village of New Lenox
Community Development
1 Veterans Parkway
New Lenox, IL 60451
815.462.6490
815.462.6469(fax)
www.newlenox.net

the Village of New Lenox

"Home of Proud Americans"



Renewal Application for Business Registration

Existing Registration #: _____

Registration Information

Business Name: _____ (please list legal name of Business)

D/B/A (if applicable): _____

Business Address: _____ Unit/Suite #: _____

Mailing Address (if different than business address): _____

Business Phone #: _____

Business Email: _____

Website URL: _____

of Employees (expected): Full-time: _____ Part-time: _____

Do you: Own the property Lease the property

APPLICATION FEES:
(Due at time of application)
RENEWALS
In-Home Business: \$15
For Profit Businesses: \$25

Applicant Information (Applicant is the Business Owner's authorized contact for correspondence regarding the registration renewal). It is recommended that a local contact be listed in the "Applicant Information" section and if applicable, a national or regional contact be included in the "Registration Information" section.

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Business Home

Alt. Phone #: _____ Cell Business Home

Fax #: _____ Email: _____

I am the: Business Owner Property Owner On-Site Manager

Coin-Operated Amusement Device License

Coin operated amusement devices are required by Village Ordinance to carry a separate license. These devices include any mechanical or electronic amusement device, operated by deposit of a payment, including those capable of reproducing vocal or instrumental sounds for amusement or skill. Vending machines, musical devices, pool/billiard tables and video gaming terminals are excluded from the license.

How many Coin-Operated Amusement Devices do you have at your place of business? _____

A fee of \$100 per machine per year applies. Please include this fee with the application.

Stickers for each machine will be mailed out with the License.

Please complete reverse side

Emergency Contact Information-For Fire/Police and Lincoln-Way Dispatch

Type (check all that apply): Business Owner On-Site Manager Property Owner Security Alarm Co.

Name: _____

Title: _____

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

Phone #: _____ Cell Business Home

Alt. Phone #: _____ Cell Business Home

Fax #: _____ Email: _____

Type (check all that apply): Business Owner On-Site Manager Property Owner Security Alarm Co.

Name: _____

Title: _____

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

Phone #: _____ Cell Business Home

Alt. Phone #: _____ Cell Business Home

Fax #: _____ Email: _____

If you wish to provide additional contacts, attach another sheet.

Complete Application Checklist

- 1. All sections are completely answered.
- 2. Contact information provided for Business Owner, On-site Manager, Emergency Contacts & Security Company. Please list a New Lenox contact whenever possible (particularly national companies).
- 3. Coin Operated section completed, if applicable.
- 4. Application is executed by Business Owner. If the property owner is unchanged since the last business registration was filed with the Village of New Lenox, the property owner's signature is not required. However, it is the business registrant's responsibility to contact and obtain the property owner's signature if a change of ownership has occurred.*
- 5. Proper fees attached.

Representations and Acknowledgements

-All statements in this application are true, correct and complete.

-I will apply for and obtain all required building permits before making any improvements to the business premises, including signage permits.

-I will notify the Village within 15 days of any changes to the information in this application.

-I will abide by all Ordinances of the Village of New Lenox, as amended from time to time.

Business Owner Signature: _____ Date: _____

Printed Name: _____

*Property Owner Signature (required IF the property owner has changed since the last business registration was filed): _____ Date: _____

Printed Name: _____