



Application for Business Registration

I intend to:

- Open a new business in New Lenox
- Change name of business
- Relocate my existing New Lenox Business
- Change ownership of an existing Business

Tentative Opening Date: _____

Registration #: _____

Registration #: _____

Registration #: _____

Square Footage: _____

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

- Yes
- No

If yes, please complete a building permit application and submit both applications.

APPLICATION FEES:
 (Due at time of application)

FOR PROFIT BUSINESS
 \$50

IN-HOME BUSINESS
 REGISTRATION
 (OPTIONAL)
 \$15

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): _____

City: _____ State: _____ Zip Code: _____

Name of Retail Plaza/Business Park: _____

Does your business require a local, State or Federal License? No Yes If yes, submit a copy with this application

Illinois Business Tax#: _____ Federal ID#: _____ Sales Tax#: _____

Local Business Phone #: _____ Business email: _____

Website URL: _____

of Employees (expected) Full Time: _____ Part Time: _____

Do you: Own the property Lease the property

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 of applicable, a national or regional contact be included in the "Registration Information" section.

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Business Home

Alt. Phone Number: _____ Cell Business Home

Fax Number: _____ Email: _____

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



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Business Ownership

a. Ownership

Type: Individual Partnership Corporation

List the names of all owners. If more than one owner, please add them to the Emergency Contact info on page 4. Corporations should list the names and addresses of each shareholder with an interest of 10% or greater, including the president, secretary and registered agent.

Owner is the Applicant listed on Page 1 (if so, skip to section b)

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Business Home

Alt. Phone Number: _____ Cell Business Home

Fax Number: _____ Email: _____

b. Description of Business:

Fully describe all business activities that will take place at the business location, including products and/or services to be provided or dispensed. If more than one activity will take place at the same location, describe each and assign approximate square footage of each activity.

c. My business will: check all that apply)

- Store/Sell Alcohol (attach liquor license application)
- Have on-site coin operated amusement devices (complete the Section on Page 3)
- Manufacture/Store/Sell hazardous, flammable, dangerous or explosive materials.

If so, describe:

d. Hours of Operation: *Note that this is to give the Village an idea of your plans and can be modified unless restricted by other approval conditions.*

Sunday:

Thursday:

Monday:

Friday:

Tuesday:

Saturday:

Wednesday:



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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 (ex: pinball, claw, arcade, shooting gallery, etc.). 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.

Emergency Contact Information-For Fire/Police/Disptach

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

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Business Home

Alt. Phone Number: _____ Cell Business Home

Fax Number: _____ email: _____

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Business Home

Alt. Phone Number: _____ Cell Business Home

Fax Number: _____ email: _____

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

Complete Application Checklist

- All Sections are completely Answered.
- Contact information provided for Business Owner, On-Site Manager, Emergency Contacts & Security Company. Please list a New Lenox contact whenever possible (particularly national companies).
- Coin Operated section completed, if applicable.
- Application is executed by Business Owner and Property Owner.
- Proper fees attached.



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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: _____ Printed Name: _____ Date: _____

Property Owner Signature: _____ Printed Name: _____ Date: _____