



APPLICATION FOR BUSINESS REGISTRATION

Please complete all of the information requested in the application. If a section does not apply, please mark "N/A."

The Village of New Lenox's Ordinance 2436 requires that each business submit a completed application with a payment and that the business does not open until the registration is approved. The payment may be made by check payable to the Village of New Lenox, cash, or by credit card (a service fee is charged). If you prefer to pay by credit card, submit this form first. If approved, an email will be sent to the license contact with a license number and information on how to pay on the Village's online portal. Incomplete forms may be returned. Applications take approximately five business days to process. Please complete all sections.

Reason for Filing:

- Open a new business in New Lenox
Existing business/1st time registration
Change name of business
Change ownership of an existing Business
Relocate my existing New Lenox Business

Tentative Opening Date:
Date Opened in New Lenox:
Effective Date:
Effective Date:
Relocation Date:

APPLICATION FEES: (Due at time of Application)
\$50 - For-Profit Business
\$15 - Home-Based Business (Optional Registration)

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

- Yes
No

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

Local Applicant Information (Must manage in New Lenox; residency is not required)

Business Name: (please list legal name of business)
Business Address:
City: New Lenox State: IL Zip Code: 60451
Local Applicant Name: Title:
Phone Number: Cell Business Home
Local Applicant Email:
Business Phone Number:

Registration or Corporate Contact

Name: Title:
Mailing Address: Phone #
City: State: Zip Code:
Website URL: Business Email:
of Employees in New Lenox (expected): Full Time: Part Time: Independent Contractors:
Square Footage: Number of exam rooms (Medical Offices Only):

Do you: Own the property Lease the property

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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 (including: pinball, claw, arcade, shooting gallery, etc.). Vending machines, musical devices (such as jukeboxes), and pool/billiard tables are excluded from the license. **Video gaming terminals require a separate license from the Village Clerk.** 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 your Business Registration Certificate*

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

Massage Establishments (as a primary use)

All massage establishments and massage therapists are required to submit copies of valid state licenses annually. Please attach copies of the licenses. Renewals for massage establishments will not be accepted without the state license copies.

Business Descriptions

- **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. Events inviting the public into the business and their frequency should be disclosed. Please contact the Village for special events as additional permits may be required.

- **My business will: (check all that apply)**

Store/Sell Alcohol (submit liquor license application)

Manufacture/Store/Sell hazardous, flammable, dangerous, or explosive materials.

If so, describe: _____

- **Is the business open past 10 p.m.?:** Yes No

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

Property Owner Contact Information

Property Owner's Corporate or Individual Name: _____

Property Owner's Name of Individual Contact/Agent: _____

Property Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Emergency Contact – For Fire/Police/Dispatch (must provide 2)

Name #1: _____ Title: _____

After Hours Phone #: _____ Email: _____

Name #2: _____ Title: _____

After Hours Phone #: _____ Email: _____

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Business Ownership

List all owner(s) information on the next page with an interest of 10% or more and add a second sheet if necessary:

Provide the following information regarding how the business was created and is owned:

Individual Partnership Limited Liability Corporation Private Limited Corporation Corporation

Is the applicant or business own 100% of the applying business? Yes _____ No _____ (f no, complete the following)

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell #: _____ Email: _____ % of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell #: _____ Email: _____ % of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell #: _____ Email: _____ % of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell #: _____ Email: _____ % of Ownership: _____

Representations & Acknowledgements

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

Representative's Signature: _____ Printed Name: _____ Date: _____

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