



Renewal Application for Business Registration

Existing Registration #: _____

Registration Information

Business Name: _____

D/B/A (if applicable) _____

Business Address: _____ Unit/Suite#: _____

Mailing Address (if different than business address): _____

City: _____ State: _____ Zip Code: _____

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 Business: \$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 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: _____

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.



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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: _____

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. 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.*
- 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: _____ Printed Name: _____ Date: _____

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

* Required if the property owner has changed since the last business registration was filed.