



Business License Application/Renewal for 2023

(Please print/type all information)

Business Name as it is to appear on the Business License: \_\_\_\_\_

Business Address \_\_\_\_\_ Round Lake Park, IL 60073

Type of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Owner Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is this a landline or cell number? \_\_\_\_\_

IL Bus Reg # (if applicable to this business): \_\_\_\_\_ FEIN #: \_\_\_\_\_

The number of the certificate of registration required under the Retailer's Occupation Tax Act, Service Occupation Tax Act, and/or Use Tax Act, if applicable: \_\_\_\_\_  
Reference: §110.12

This Business is a:  Partnership  Corporation  Limited Partnership  
 Owner/Sole Proprietorship  Firm  Non Profit Corporation

For Partnerships, Corporations, Limited Partnerships, Firms, Non-Profit Corporations – See Page 4.

Is the property owned by the applicant? Yes No  
*(If No, this section must be completed)*

Building Owners/Landlord Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Is this a landline or cell number? \_\_\_\_\_

Emergency Key Holder's Name: \_\_\_\_\_  
(must be local and available 24/7)

Emergency Phone: \_\_\_\_\_ Is this a landline or cell number? \_\_\_\_\_

Emergency Key Holder's Name: \_\_\_\_\_  
(must be local and available 24/7)

Emergency Phone: \_\_\_\_\_ Is this a landline or cell number? \_\_\_\_\_

Village Sewer and Water to be paid by: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Is this a landline or cell number? \_\_\_\_\_

Bill to Address : \_\_\_\_\_

Number of Vehicles Licensed to the Business: \_\_\_\_\_ (Reference: 110.42)

Business Hours – Open to Close: \_\_\_\_\_

Identify Alarm System:     Burglar    Fire    Automatic Sprinkler    Night Watchman  
     Canine                      If other, explain:

Have you ever had any convictions other than minor traffic offenses?                       Yes     No

If yes, state nature and date of offense.

**Worksheet for Businesses and Schedule of Fees for Business License:**

Late Fee: \$100 – 500 per day late fee will be charged if the business license is not approved by April 30 following the date of issuance (Reference: §110.15 and §110.20/110.99)

Description	Quantity		Description	Quantity	
Business License	1	\$75.00	Pop Machines		\$25.00 each
ATM Machines		\$75.00 each	Snack Machines		\$25.00 each
Candy Machines		\$25.00 each	Storage Unit per building		\$30.00
Carnival		\$25.00/day	Tobacco sold on premise		\$75.00
Food Service		\$75.00	Vending Machines		\$25.00 each
Gumball Machines		\$25.00 each	Video Gaming Machines		\$250.00 each
Juke Box		\$75.00 each	New Business water deposit		\$200.00
Pinball Machine		\$75.00 each	Late Fee, if any		
Pool Tables		\$75.00 each	<b>TOTAL</b>		<b>\$</b>

Reference: §51.78, §110.10, §112.01, §112.50, §113.02 and §115.017

Above quantities must agree with the Commercial Occupancy Inspector Check List

Any machines added at anytime throughout the licensing year must be reported to the Village prior to the machine being installed. Failure to report additional any additional machine may result in all licenses being revoked.

(Please calculate your estimated balance due, following the above schedule of fees.)

TOTAL AMOUNT DUE \$ \_\_\_\_\_

Note: You will be notified, after inspections are complete, if the amount you estimated is different than what the Village shows. Payment must be received prior to business license approval.

Cash or Check preferred. Credit Card payments are accepted and a 2.25% fee is charged.

## INSTRUCTIONS

Before submitting your application, please make sure all documents are attached.  
The Village is updating all documents and the following are required for 2023 approval.

- Business License Application / Renewal
- References Sheet (New Applicants only)
- Floor Plan  
    **Submit a current drawn out floor plan (aerial view) showing location of all equipment/appliances, all machines, doors, windows, emergency exit lights, fire alarms, fire extinguishers, furniture, security cameras and list square footage. (IF you have submitted a floor plan in the last three years, please indicate the date it was submitted here \_\_\_\_\_ otherwise a new floor plan is required).**
- CenCom Form
- Business Building Inspection Approval Report
- Fire Department Inspection Approval.
- Certificate of Liability Insurance (see §110.42 - Use Of Motor Vehicles; Tag Or Sticker Required; Liability Insurance.)

If **Food** is served, the following is **Required**:

- Lake County Health Department Inspection
- A copy of the Food Service Permit issued by the Lake County Health Department.

### Barber Shops and Hair Stylists / Salons

- Must submit the number of Illinois State Certificate or license of all State of Illinois Licenses for every employee. for the year in which the person applies for a village license. Photo copies of the Illinois State Certificate or license is also acceptable. (§116.021)

I certify that the statements and information made part of this application are true and complete to the best of my knowledge.

I understand the issuance of this license is conditional upon compliance with all Village Ordinances and will not process an incomplete application. I agree that no business will be conducted until a valid license certificate has been issued and posted in a conspicuous location at the place of business noted above. Business License/Application fee is non-refundable. There are no pro-rated fees for a partial year.

Applicant Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Electronic signatures are not accepted at this time.

**For Partnerships, Corporations, Limited Partnerships, Firms, Non-Profit Corporations showing the following: Name of each partner, principal officer and registered agent, Home address, Home telephone number and email address**

§110.12: If the applicant is a partnership or other noncorporate business entity, the application shall contain the name and residential address and residential telephone number of each partner, principal or member thereof.

If the applicant is a corporation, the application shall contain the name, residential address and residential telephone number of each principal officer and the registered agent thereof.

Name: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_



**CEN COM E 9-1-1 Public Safety Communications Center**

**Business / Premise Name:** \_\_\_\_\_

**Business / Premise Address:** \_\_\_\_\_

**Business / Premise Phone:** \_\_\_\_\_

**Alarm Panel Number (if applicable)** \_\_\_\_\_ **Date Effective:** \_\_\_\_\_

**KEY HOLDER #1**

**Name:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Pager Number:** \_\_\_\_\_

**Add this Person**       **Remove this Person**

**KEY HOLDER #2**

**Name:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Pager Number:** \_\_\_\_\_

**Add this Person**       **Remove this Person**

**KEY HOLDER #3**

**Name:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Pager Number:** \_\_\_\_\_

**Add this Person**       **Remove this Person**

**REFERENCES SHEET**  
**(for New Applicants or Partnerships)**

**List Personal References:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**List Credit References:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_