

# Village of Berkeley

## Business License Application

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

Payment Amount Submitted: \_\_\_\_\_

- Instructions:
1. Type or print legibly
  2. Complete Entire application. **Incomplete applications will not be considered**
  3. Include copies of all documentation required.
    - a. Copy of Driver's License or State ID
    - b. Copy of Illinois Sales Tax ID
    - c. Copy of Federal Employer ID (FEIN)
    - d. Copy of Articles of Organization
    - e. Copy of Lease or Proof of Ownership
    - f. Copy of Vehicle Insurance for all business vehicles used

### APPLICANT/OWNER INFORMATION

Full Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

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

Driver's License or State Identification Number: \_\_\_\_\_

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Detailed Type/Nature of Current Business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed please attach a separate sheet of paper)

**Illinois State Sales Tax Number:** \_\_\_\_\_

**Federal Employer Identification No.:** \_\_\_\_\_

Maximum Number of Persons Engaged/Employed in This Business: \_\_\_\_\_

Number of Vehicles used in the business: \_\_\_\_\_

Square footage: \_\_\_\_\_ Number of rooms: \_\_\_\_\_ Proposed Starting Date: \_\_\_\_\_

Is this business a relocate with in the Village?  Yes  No

Is this business location a new construction?  Yes  No

Do you have a current/previous business?  Yes  No

Are there any changes being proposed to the existing operation, floor plans, or seating accommodations or **signs** needed for this license? If yes, a separate building permit must be submitted with architectural building plans.  Yes  No

Have you been convicted of any misdemeanor or felony? If yes, please attach letter with dates, court, conviction, and sentence of conviction.  Yes  No

Do you have the right to possess (rent, mortgage, or own) the permit premise for the term of the permit?  Yes  No

Have all your sales taxes and property tax obligations for the past year and those due at this time been paid in full?  Yes  No

Will the business be conducted by a manager or owner?  Manager

Please choose the appropriate person to be conducting your business:  Owner

**AFFIDAVIT OF APPLICANT**

I certify that this application was completed by myself or by the preparer identified herein. I certify that my premise ownership is true and that I will provide a copy of any applicable lease or purchase by contract upon request of the Village President and/or Village agent. I certify that I have met any applicable requirements. I certify that all information provided herein and on any attached schedules or documents are true and correct. **I understand that it is a felony under law to misrepresent or falsify any portion of this application or attached documents.**

By attachment of my signature, I consent to a full background investigation and fingerprinting before approval and issuance of business license.

By attachment of my signature, I consent for the duration of the permit to inspection and search by an enforcement officer, without a warrant or other process, of the licensed premise and vehicles to determine compliance with the provisions of the business license ordinance.

By attachment of my signature, I affirm that I and all individuals required to be identified in the application understand that should the licensed premises become or constitute a nuisance that license, permit, or certificate may be suspended or revoked or the licensed may be fined by the Village President and/or Village agent.

By attachment of my signature, I affirm that I and all individuals required to be identified in this application have not in the past, and will not in the future, violate any of the laws of the State of Illinois, or the United States, or an ordinance of the Village of Berkeley, in relation to the license or the licensed premises.

By attachment of my signature, I affirm that I and all individuals required to be identified in the application attest that I will testify under oath and subscribe to the truth in response to all relevant and material questions asked, in any hearing conducted by the Village President and/or Village agent, either before or after the issuance of a license.

By attachment of my signature, I affirm that any and all business being conducted is in conformity with all Village of Berkeley ordinances now in effect and effective in the future **as agreed on this original business license application**. Any violation of any law of the United States of America, the State of Illinois, or the Village of Berkeley in force and effect during all or part of the period covered by any license issued pursuant to this update form in the conduct of the business will result in a revocation of the licensed issued hereunder.

By attachment of my signature, I affirm that I and all individuals required to be identified in the application attest that I will provide, on receipt of a lawfully authorized subpoena by the Village President and/or Village agent, any book or record of his licensed business in connection with any investigation conducted by the Village President and/or Village agent.

By attachment of my signature, I affirm that I agree to inform the Village of Berkeley, in writing, if there are any resignations, replacements, new appointments or elections, acquisitions, transfers of ownership or stockholder, roster changes, dissolutions, death, insolvency, bankruptcy, conviction of a felony, or any other changes to the business being licensed.

Please include the signatures of all individuals, partners, general and limited partners, officers, directors, managing members, and stockholders owning more than fifty percent (50%) of the corporate stock of a publicly traded corporation and more than five percent (5%) of the corporate stock of a nonpublicly traded corporation below.

<b>Print Name of Applicant</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
Print Name	<b><i>Individual(s) Signature:</i></b> Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	<b><i>General Partnership Signature:</i></b> Signature	Date



