



The Village of  
**Glenview**

1225 Waukegan Road  
Glenview, IL 60025

## BUSINESS LICENSE APPLICATION

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_, \_\_\_\_\_, IL \_\_\_\_\_  
City Zip Code

BUSINESS PHONE #: \_\_\_\_\_

BUSINESS E-MAIL: \_\_\_\_\_

NAME OF BUSINESS OWNER: \_\_\_\_\_

BUSINESS OWNER CONTACT INFO: \_\_\_\_\_  
Primary Phone # Secondary Phone #

NAME OF MANAGER: \_\_\_\_\_

MANAGER CONTACT INFO: \_\_\_\_\_  
Primary Phone # Secondary Phone #

NAME OF PROPERTY OWNER (if different than Business Owner): \_\_\_\_\_

PROPERTY OWNER CONTACT INFO: \_\_\_\_\_  
Primary Phone # Secondary Phone #

GENERAL NATURE OF BUSINESS:  Retail  Service  Manufacturing  Warehouse  
 Mail Order  Office  Food Service  Carry-out  Training  Non-Profit  
 Other - *Please specify* \_\_\_\_\_

Square Footage of Premises: \_\_\_\_\_ NAICS Code (if known): \_\_\_\_\_

Sales or Occupational Tax #: \_\_\_\_\_

Number of employees (other than owner): \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Are any alterations to the exterior proposed? (e.g. signage, paint, landscaping)  Yes  No  
*Please note, Village of Glenview Appearance Commission Approval is required prior to installation.*

Has any License or Registration issued to the Applicant ever been suspended, revoked, or cancelled?  
 Yes  No

If Yes, please explain: \_\_\_\_\_

(OVER)

Please read the following, sign where indicated, and obtain signature and seal of a notary public prior to submitting your application to the **Development Department**. The Village of Glenview cannot provide notary services for the business license application.

This application will be investigated by Village Staff. All licenses shall be subject to all applicable laws, ordinances, rules, and regulations of the Village of Glenview. In addition to the ordinance provisions relating to the specific license sought, see the general license requirements in Chapter 10 of Municipal Code of the Village of Glenview, Illinois, 1975, as amended.

Return completed application form along with the enclosed renewal to the Development Department, Glenview Village Hall, 1225 Waukegan Road, Glenview, IL 60025 (847) 904-4340.

I hereby swear that all of the information provided within this application for a business license is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Applicant's Printed Name & Title)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS

The undersigned, being duly sworn, upon oath deposes and says that he has knowledge of all the facts stated in the above application; that he has read the above application by him subscribed; that he knows the contents thereof; and that the same are true and correct.

SUBSCRIBED AND SWORN TO before me

this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_

\_\_\_\_\_  
(Notary Public)

*Do not write below this line.*

Staff Reviews	Zoning Compliance	Health	Fire Safety
Comments			
Signature			
Date			

Is a *Certificate of Occupancy* required for this business? \_\_\_\_ Yes \_\_\_\_ No