



**APPLICATION: BUSINESS LICENSE REGISTRATION**

A Business License/Registration is required of all businesses upon establishment, change of location, or change of ownership. A Certificate of Occupancy (CO) is required of all businesses except home occupations. Both must be obtained prior to opening or relocating in Glenview. Notary services are available at Village Hall.

**New Business      Change in Location      Change in Business Owner      Home Occupation**

**BUSINESS NAME & DBA NAME (if different):** \_\_\_\_\_

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

**ALTERNATE ADDRESS FOR CORRESPONDENCE:** \_\_\_\_\_

**BUSINESS E-MAIL:** \_\_\_\_\_ **BUSINESS WEBSITE:** \_\_\_\_\_

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

**BUSINESS OWNER CONTACT INFO:** \_\_\_\_\_  
Primary Phone # Email Address

**NAME OF PROPERTY OWNER OR MANAGEMENT COMPANY:** \_\_\_\_\_

**PROPERTY OWNER CONTACT INFO:** \_\_\_\_\_  
Primary Phone # Email Address

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **24 HR Phone #:** \_\_\_\_\_

**PROPOSED LAND USE:** Retail    Personal Service    Other Services    Medical    Business Office  
Restaurant    Specialty School    Auto Sales/Service    Warehouse    Manufacturing    Other \_\_\_\_\_

**BRIEFLY DESCRIBE THE PROPOSED OPERATIONS:**  
\_\_\_\_\_  
\_\_\_\_\_

**Federal Employment Insurance Number (FEIN):** \_\_\_\_\_

**State of Illinois Business Taxpayer ID #:** \_\_\_\_\_

**PROPOSED DAYS & HOURS OF OPERATION:**  
Su \_\_\_\_\_ M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_

**EMPLOYEES:** # of Full-time: \_\_\_\_\_, # of Part-time: \_\_\_\_\_, maximum # employees onsite at any one time: \_\_\_\_\_

FLOOR AREA (SQUARE FOOTAGE) TO BE OCCUPIED: \_\_\_\_\_, # of seats: \_\_\_\_\_ (if restaurant)

BUSINESS LOCATION (Check One): Stand Alone, Mixed use: Ground Floor Above/Below Ground Floor

OFF-STREET PARKING STALLS: # dedicated for sole use: \_\_\_\_\_, # shared with other tenants: \_\_\_\_\_

SERVICE & DELIVERY VEHICLES: # in daily use: \_\_\_\_\_, # stored on the premises overnight: \_\_\_\_\_

**FOR HOME OCCUPATIONS ONLY**

What percentage of your gross floor area will be devoted to the business?	_____%
Does the business operator reside on the premises?	Y / N
Will any customers, clients, or employees visit the residence?	Y / N
Is any signage proposed to the building?	Y / N
Is any signage affixed to any vehicle which will be stored outdoors?	Y / N
Will any materials, stock, or equipment be stored outdoors?	Y / N
Are any alterations proposed to the interior or exterior of the residence?	Y / N

-----**ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION IN THE PRESENCE OF A NOTARY PUBLIC**-----

No business is permitted to operate anywhere in the Village without a Business License (renewed annually) and, except in the case of home occupations, a Certificate of Occupancy permit. All licenses and permits shall be subject to all applicable laws, ordinances, rules, and regulations of the Village of Glenview, including but not limited to those detailed in Chapter 22 and 98 of Municipal Code of the Village of Glenview, Illinois, as amended. Please note that for businesses licensed by the State of Illinois the Glenview Business License will be regarded as a Business Registration utilizing the same form and procedures as required for the Business License.

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	Applicant's Signature	Date

STATE OF \_\_\_\_\_)  
COUNTY OF \_\_\_\_\_) S.S.

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 \_\_\_\_\_, 20\_\_

\_\_\_\_\_, Notary Public Seal: