



VILLAGE OF HODGKINS
8990 LYONS STREET, HODGKINS, ILLINOIS 60525
OFFICE: 708.579.6700 FAX: 708.579.6707

BUSINESS LICENSE APPLICATION

___ New Business License

___ Existing Business License (Renewal)

Building: ___ Owned ___ Leased

Type of Business: _____

Tax ID/IBT# _____

Date: _____

Office Use Only

License # _____

License Fee: _____

Liquor License Fee: _____

Vending Sticker Fee: _____

Other: _____

Please Type or Print Clearly

Business Name or DBA: _____

Business Address: _____

Phone number _____ **Square Footage of Building** _____

Business Email: _____

If leasing, give term and expiration date of lease: _____

Number of Current Employees: _____ **Projected Employees:** _____

Legal Owner(s) Information:

(Use additional sheet if necessary)

Name: _____

Address: _____

City, St., Zip: _____

Cell Phone: _____ Home: _____

E-Mail: _____

Manager Contact:

Name: _____

Address: _____

City, St., Zip: _____

Cell Phone: _____ Work: _____ Home: _____

E-Mail: _____

24 Hour Emergency Contact: Required by the Hodgkins Police Department

Name: _____ Name: _____

Phone: _____ Phone: _____

Vending Machines:

Included in this packet is the vending machine license information sheet. Please complete this form and return it with a separate payment for the required vending license stickers. Some business may require the vending machine company to complete this information and obtain the required stickers.

Company that maintains machines: _____

Address: _____

Email: _____



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Business License Application Acknowledgement

Pursuant to the Village of Hodgkins Municipal Code Title 4 Chapter 1 Section 3: "License Required" No person shall conduct or maintain any business set forth without first obtaining a Business License. This application shall be submitted to the Village Clerk in accordance with the provisions of this chapter.

Legal Owners information:

* If a Legal Entity, must include a copy of government photo ID and, if the Legal Entity is a Corporation/LLC must include a copy of the corporation certificate.

* If owner is in a Land Trust, please attach to the application a certified copy of a Trust Discloser, including the name and address of each person(s) holding a beneficial interest and/or power of direction therein.

License Fees:

Pursuant to Village Code Title #4, Chapter 1A, Section 1 The fee for Business Licenses is set at:

* If you are renewing your Business License from 2023 your 2024 license fee is WAIVED.

If you are a NEW Business filing for the first time, the amount will be determined after the license has been approved. Once approved, you must attend a Village Board Committee meeting. Any questions please call the Village Hall at 708-579-6700.

* If a completed business license and application is not submitted together, with the regular license fee, prior to January 1st in a given year, the license fee shall increase by Twenty Percent (20%); and further the base license fee shall be increased by and additional Twenty Percent (20%) on the first day of each subsequent month, until such time as a complete license application and the required license fee is paid.

The undersigned business license applicant acknowledges that the approval of said business license is subject to review by the Village President and Village Board and is nontransferable. If this property is sold to an unrelated third party a new business license is required pursuant to Village Ordinance.

Applicants Signature

Date



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PRIVATE PROPERTY ENFORCEMENT AGREEMENT

PURSUANT TO Illinois Law (625 ILCS 5/11-209.1) the owner/agent of the property listed below is granting authority to the Hodgkins Police Department to enforce any and all provisions contained within Chapter 625 of the Illinois vehicle code. In addition, owner/agent is granting the Hodgkins Police Department the authority to enforce all local ordinances contained within its municipal code on such property and authorizing members of the Hodgkins Police Department to enter upon its property for such purpose.

NAME OF BUSINESS: _____

ADDRESS: _____

EMERGENCY PHONE #: _____

LEGAL OWNER/AGENT

DATE

Stephanie Gardner
STEPHANIE GARDNER
CLERK
VILLAGE OF HODGKINS
REVISED 10/2019

OWNER/AGENT UNDERSTAND IT MAY RESCIND THIS REQUEST BY FILLING A WRITTEN REQUEST TO THE VILLAGE OF HODGKINS AT ANYTIME HEREAFTER, FOR SUCH RESCISSION.

EMERGENCY TELEPHONE NOTIFICATION SYSTEM



Village of Hodgkins Notification System



Please include my information in the contact list for the Residential / Business Notification System. I / We understand that this information shall remain in the possession of the Village of Hodgkins and only used for the purpose of Emergency Messages and / or Village News Information.

NAME: _____

ADDRESS: _____

PHONE #1: _____

E-MAIL: _____

PHONE #2: _____

E-MAIL: _____

TEXT MESSAGE: ☐ YES ☐ NO

Additional contact names / phone / email may be written on the back.

Revised 10/20