



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

GENERAL BUSINESS LICENSE APPLICATION

Pursuant to the Village of Hodgkins Municipal Code, Title 3 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.

(Please Type or Print Clearly)

Business Name or DBA: _____
(If Applicable)

Local Business Address: _____

- 1.) **LEGAL OWNER(S) INFORMATION:** *(If a Legal Entity, must include a copy of government photo ID Card and, if the Legal Entity is a Corporation/LLC, must include a Copy of the entities corporation certificate)*

Name: _____

Address: _____

City, St., Zip: _____

Phone: Work: _____ Home: _____

E-Mail: _____

- 2.) **LEGAL OWNER(S) INFORMATION:**

Name: _____

Address: _____

City, St., Zip: _____

Phone: Work: _____ Home: _____

E-Mail: _____

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

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3.) **MANAGER INFORMATION: (If Different)**

Name: _____
Address: _____
City, St., Zip: _____
Phone: Work: _____ Home: _____
E-Mail: _____

4.) **TYPE OF BUSINESS:** _____

NEW BUSINESS LICENSE: _____ **RENEWAL:** _____

Sales Tax/IBT#: _____

ADDRESS GIVEN TO STATE OF ILLINOIS FOR SALES TAX:

SQUARE FEET OF BUILDING USED FOR BUSINESS: _____

For Businesses in Industrial, Restaurant, Retail/Commercial and Warehousing, the license fee is based on your square footage. The cover letter for this application includes your license fee for the new year. If your square footage has changed over the years, your fee might be adjusted once your application is reviewed.

Hodgkins Street Address: _____

Hodgkins Telephone Number: _____

Business E-Mail Address: _____

Provide Name/Address/Contact Info of property where business will be conducted:
(If different that already listed)

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

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

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5.) VENDING MACHINES

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

List Name/Address and contact information for the company who provides or maintains any vending machines on your premises.

6.) LIABILITY INSURANCE

Does your company have liability insurance? Yes: _____ No: _____
If yes, please provide a Certificate of Insurance with this application.

7.) LICENSE FEES:

Pursuant to Village Code Title 3, Chapter 1A, Section 1, the fee for a 2016 Business License is set at: *(If you are renewing a Hodgkins Business License from 2015, please pay the amount listed on the cover letter. If you are filing for a first time business license, the amount will be determined after the license has been approved. If you have questions regarding the amount, please contact the Hodgkins Village Hall at 708-579-6700.)*

Business License Fee: \$ _____

AMOUNT ENCLOSED: \$ _____ Check #: _____

If a completed business license application is not submitted together with the regular license fee prior to January 1st in a given year, the license fee shall be increased by Twenty Percent (20%); and further, the base license fee shall be increased by an 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.

8.) PLEASANTVIEW FIRE PROTECTION DISTRICT
(Business License Renewals can skip this section)

First Time Applicants must comply with the following approval from the Pleasantview Fire Protection District. The Pleasantview Fire Marshall and/or Code Officer must sign for approval.

Signature of Fire Marshall or Designee

Date

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I, undersigned, hereby certify that the information submitted in this application is an accurate representation of the facts at the date of the application. I (we), the undersigned, further state that we are familiar with the ordinances of the Village of Hodgkins relating to Business's covered by this application.

Signature of Legal Title Holder:

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

NOTARY:

ONLY ORIGINAL (FIRST TIME) APPLICANTS NEED TO BE NOTARIZED.
"Applications for Renewal DO NOT NEED To Be NOTARIZED"

On this Day _____ of _____, 20__ Subscribed and sworn before me personally appeared _____ who executed the foregoing instrument and acknowledged to me that (He/She) executed the same. My Commission expires on: Date: _____

Notary Public: _____

FOR OFFICIAL USE ONLY:

FOR RENEWAL:

LICENSE # ISSUED: _____ **DATE:** _____

LICENSE FEE AMOUNT: \$ _____ **RECEIVED:** _____

LICENSE APPLICATION APPROVED/DENIED BY: _____

FOR ORIGINAL LICENSE:

APPROVED FOR ORIGINAL LICENSE:

LICENSE GRANTED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF HODGKINS, ILLINOIS ON THE _____ DAY OF _____ 20__.

VILLAGE PRESIDENT: _____

VILLAGE CLERK: _____