

**City of Elgin Business License Application**

*Revised - January 2014*

Business Name

Business Address  Elgin, Illinois

Mailing Address  State  Zip

Business Phone  Fax

Sales Tax ID  FIEN

**Contact Information**

Contact Person (first and last name)

Contact Phone

Email Address

**Emergency Contact**

Emergency Contact Name

Phone

**Business Structure**

- Sole Proprietorship
- Partnership
- Limited Partnership
- Limited Liability Corporation
- Corporation
- Non-Profit Corporation
- Cooperative

Are you relocating your business to Elgin? If so, please provide the previous location of your business.

Mailing Address  City

State  Zip

Does your business have other locations? If so, how many?

If multiple locations exist, please provide the address of at least one other location.

Mailing Address  City

State  Zip

Where is your business headquartered?

Mailing Address  City

Beginning Year of Operation in Elgin  State  Zip

Is this application for a home based business?  Yes  No

Type of Application

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting Firm                            | <input type="checkbox"/> Management of Companies/Enterprises        |
| <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting | <input type="checkbox"/> Manufacturing                              |
| <input type="checkbox"/> Aquatic Facility                           | <input type="checkbox"/> Massage Establishment/Services             |
| <input type="checkbox"/> Arts, Entertainment and Recreation         | <input type="checkbox"/> Miniature Golf Course                      |
| <input type="checkbox"/> Auctioneer                                 | <input type="checkbox"/> Mining, Quarrying, Oil and Gas Extraction  |
| <input type="checkbox"/> Automatic Dry Cleaning                     | <input type="checkbox"/> Pawnbroker                                 |
| <input type="checkbox"/> Automobile Repair                          | <input type="checkbox"/> Professional/Scientific/Technical Services |
| <input type="checkbox"/> Beauty Salon/Barber                        | <input type="checkbox"/> Real Estate and Rental License             |
| <input type="checkbox"/> Construction                               | <input type="checkbox"/> Religious Institution                      |
| <input type="checkbox"/> Consulting Services                        | <input type="checkbox"/> Resale Shop                                |
| <input type="checkbox"/> Day Care Facility                          | <input type="checkbox"/> Retail Food Est./Food Service Est.         |
| <input type="checkbox"/> Educational Services                       | <input type="checkbox"/> Retail Trade                               |
| <input type="checkbox"/> Finance and Insurance                      | <input type="checkbox"/> Tattoo Parlor                              |
| <input type="checkbox"/> Gaming Establishment                       | <input type="checkbox"/> Transportation and Warehousing             |
| <input type="checkbox"/> Gas Station                                | <input type="checkbox"/> Travel Agency                              |
| <input type="checkbox"/> Governmental Agency                        | <input type="checkbox"/> Utilities                                  |
| <input type="checkbox"/> Health Care and Social Assistance          | <input type="checkbox"/> Veterinary Services                        |
| <input type="checkbox"/> Hospital                                   | <input type="checkbox"/> Waste Management and Remediation           |
| <input type="checkbox"/> Hotel/Motel                                | <input type="checkbox"/> Wholesale Trade                            |
| <input type="checkbox"/> House Movers                               |   |
| <input type="checkbox"/> Information                                | <input type="checkbox"/> Other                                      |

**\*If "Other", please provide a brief description of business activity:**

**Business Premise Information**

Does your business contain Automatic Amusements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many?	<input type="text"/>
Does your business contain Food Vending Machines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many?	<input type="text"/>
Does your business contain Cup Beverage Machines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many?	<input type="text"/>
Does your business have video gaming/video poker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many?	<input type="text"/>
Does your business sell tobacco products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If so, you must agree to the Tobacco Dealer Terms, attached.</b>	
Does your business sell liquor products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

If applying for a Massage Therapist License, **you must fill out the attached Massage Therapist License Form.**

If applying as a NEW retail food or food handling establishment, **you must fill out the attached Food Handling License Form.**

**All businesses must indicate square footage. For regulations regarding the calculation of square footage please see the attached form.**

- |  |  |
|--|--|
| <input type="checkbox"/> 0 - 999 sq ft     | <input type="checkbox"/> 10000 - 19999 sq ft |
| <input type="checkbox"/> 1000 - 2499 sq ft | <input type="checkbox"/> 20000 - 29999 sq ft |
| <input type="checkbox"/> 2500 - 4999 sq ft | <input type="checkbox"/> 30000 - 39999 sq ft |
| <input type="checkbox"/> 5000 - 9999 sq ft | <input type="checkbox"/> 40000+ sq ft        |

Number of Employees (Elgin location only)       Number of Elgin Residents Employed

Maximum Legal Occupancy of Business Premise (If unknown, enter "0")

Would you like to receive notices or announcements from the City of Elgin and its partners (such as the Downtown Neighborhood Association) regarding upcoming business related events, programs and other opportunities?

Yes     No

**Regulations**

- A. No license shall be assigned, sold or transferred, nor shall any license authorize any person other than the applicant to conduct business under such license.
- B. The applicant or licensee shall have a duty to notify the city's finance director of any changes in the information contained in an application which is pending or which was the basis for the issuance of a license.
- C. All licenses shall be prominently displayed on the business premises at all times.
- D. No person shall add to, alter, deface, forge or counterfeit any license which has been issued by the city.

I hereby make application to conduct the above business/activity in the City of Elgin, Illinois. In making this application I understand I must comply with the regulations of the City of Elgin Municipal Code specifically governing this operation.

I have read and agree to the above statement and regulations.\*

Yes     No

Name of Agent Making Application       Title