


847-931-5920 Elgin311@cityofelgin.org [www.cityofelgin.org/business](http://www.cityofelgin.org/business) 150 Dexter Court, Elgin, IL, 60120 

# BUSINESS APPLICATION

*Potential business owners must complete this form before opening their business in the City of Elgin. Once the Business Application is submitted, a city staff member will contact you to discuss the next steps, based on your location and the type of business you wish to open. We strongly recommend that you inform city staff of your plans before making major commitments. By filling out this application you are applying for both a Certificate of Occupancy and a Business License.*

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## WHAT YOU SHOULD HAVE WITH YOU

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- ▶ Business plan
- ▶ Floor plan (drawn to scale with dimensions and room labels as well as percentages of uses in each space)
- ▶ Site plan (drawn to scale) or plat of survey
- ▶ Business Application fee of \$200

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## WHAT YOU SHOULD KNOW

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- ▶ Not all businesses are permitted at every location. If you haven't already checked the zoning for your desired location, that should be your first step in opening a business in Elgin. You can do that using the Zoning Inquiry Form.
- ▶ No work can begin until you obtain the necessary permits.
- ▶ Once the work is complete and all the necessary inspections are passed, your Certificate of Occupancy and Business License will be issued.
- ▶ Additional documentation and fees may be required.
- ▶ If you are opening a home-based business, you will need to complete the Residential Business Application instead of this one.

OFFICE USE ONLY

PROJECT ADDRESS

DATE

PERMIT NUMBER

INFO NEEDED

REASON FOR REQUEST

I WANT TO OPEN A NEW BUSINESS:

Yes  No

OR

I HAVE AN EXISTING BUSINESS IN ELGIN AND I WANT TO:

Expand  
 Modify my business/add services

Change ownership  
 Relocate within Elgin

BUSINESS OWNER INFORMATION

*This will be our city staff's contact person during the application process.*

BUSINESS OWNER'S FULL NAME

BUSINESS OWNER'S PHONE NUMBER

BUSINESS OWNER'S ADDRESS

CITY, STATE, ZIP

APPLICANT IS THE FOLLOWING:

Property owner  
 Business owner

BUSINESS OWNER'S EMAIL ADDRESS

PROPERTY OWNER INFORMATION

*The information and address listed should be where the property owner conducts business, which may be different than the applicant address. It is usually not the address of the business.*

PROPERTY OWNER'S NAME

PROPERTY OWNER'S PHONE NUMBER

PROPERTY OWNER'S MAILING ADDRESS

CITY, STATE, ZIP

PROPERTY OWNER'S EMAIL ADDRESS

PROPOSED BUSINESS INFORMATION

BUSINESS NAME

BUSINESS PHONE

BUSINESS ADDRESS

CITY, STATE, ZIP

MAILING ADDRESS

CITY, STATE, ZIP

SALES TAX ID

FEIN

IF YOU DON'T YET HAVE A SALES TAX ID OR FEIN, HAVE YOUR APPLIED FOR THEM?  Yes  No

PROPOSED BUSINESS OPERATIONS

BUSINESS OPERATING HOURS

BUSINESS DAYS OF OPERATION

NUMBER OF LARGEST SHIFT EMPLOYEES

PEAK HOURS

DO YOU HAVE ON-SITE PARKING STALLS?  Yes  No

\_\_\_\_\_  
If so, how many?

DO YOU HAVE A LIQUOR LICENSE FOR THIS LOCATION?  Yes  No

CHECK YES OR NO TO EACH ITEM BELOW

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Daycare   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food vending machines                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tobacco products for sale                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food or food handling                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Space will host classes of any kind                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Space will host events of any kind                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Space will be used in part or in whole as a meeting space | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Video gaming/video poker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many? _____
Massage therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many stations? _____
Hair or nail services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many stations? _____
Auto repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many stations? _____
Tattoo shop	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many stations? _____
Liquor products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prepackaged or on-site consumption? <i>circle one</i>
Automatic amusements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, describe those here: _____

## P R O P O S E D   B U S I N E S S   D E T A I L S

*This information helps staff determine any additional information needs. Be as specific and detailed as possible. For example, if you are selling merchandise, list specifically what you are selling. If you are opening a restaurant, list all components (drive-thru, dine-in, carry-out, etc). If you are opening a salon, list the number of stations and what other additional services will be offered?*

Describe the type of business you are opening and how it will be operated.

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If known, what type of business was operated at this location previously?

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If there are multiple components to the business, describe the proposed mix of uses. (for example: if you are opening a bicycle shop, you would primarily be operating as a retail store, but if you are also planning to sell food or have bike repair classes, include that information because there may be additional requirements).

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Describe the frequency of deliveries to and from the site and the type of delivery vehicles that will be used (for example: semi truck on Mondays between 8-10 am and two panel trucks on Wednesday between 2-4 pm).

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Will any business operations (sales, display, storage or processing) take place outside? If so, indicate on the site plan the area in which the outdoor operations will take place and provide a description of those outdoor operations.

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Do you have any new construction or remodeling planned at this time? If so, describe that here. If you will be adding a sign for your business, include that here too.

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INDICATE YOUR SQUARE FOOTAGE: \_\_\_\_\_

*Square footage is calculated by including all floor areas used by the business, including areas used for mechanical equipment, cellars and basements, storage or detached accessory buildings, even though such floor areas may be temporarily vacant or not in use.*

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## DEMOGRAPHIC INFORMATION

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*This section is optional and is used solely for informational purposes.*

ARE YOU A VETERAN OF THE US MILITARY?  Yes  No

ARE YOU A FEMALE-IDENTIFYING OWNED BUSINESS?  Yes  No

DO YOU CONSIDER YOURSELF TO BE A DISABLED PERSON?  Yes  No

IF KNOWN, WHAT IS THE NUMBER OF EMPLOYEES YOU HAVE THAT LIVE IN THE CITY OF ELGIN? \_\_\_\_\_

## RACIAL OR ETHNIC CATEGORY

- |   |  |
|---|--|
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic or Latino                        |
| <input type="checkbox"/> American Indian or Alaska native | <input type="checkbox"/> Native Islander or other Pacific Islander |

## WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

- |  |  |
|--|--|
| <input type="checkbox"/> High school or equivalent | <input type="checkbox"/> Associate's degree        |
| <input type="checkbox"/> Some college              | <input type="checkbox"/> Bachelor's degree         |
| <input type="checkbox"/> Trade school              | <input type="checkbox"/> Master's degree or higher |

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## ADDITIONAL REQUIREMENTS

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Please submit a floor plan drawn to scale with dimensions, room labels, and approximate percentage of uses in each space as well as a site plan or plat of survey with your application. The floor plan should include percentages of the floor area of how the business is divided. Please also submit a site plan drawn to scale or a plat of survey.

*For example: if your business is a bicycle shop that also has a cafe, you describe on the floor plan which parts and what percentage of the floor areas of the business operations make up the cafe, and which parts and percentages of the floor areas make up the retail bicycle shop.*

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## STATEMENT OF UNDERSTANDING

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- I understand that completion of this application is not a guarantee that I will receive an Certificate of Occupancy or a Business License.
- I understand that additional documentation and/or fees may be required based upon my proposed business.
- I understand that my business cannot begin operations until I have received a Certificate of Occupancy and a Business License.
- I understand that the City of Elgin may not review or otherwise provide legal advice regarding contracts, leases, or other like instruments.
- I understand that the City of Elgin cannot recommend a contractor or company to provide services.
- I understand that my Certificate of Occupancy and Business License will not be issued until my business has passed all required inspections and is in compliance with the Elgin Municipal Code.

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BUSINESS OWNER'S SIGNATURE

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DATE

*City staff will contact you within 7-10 business days after receiving your completed application and advise you on the next steps. For assistance in completing this application, please call 311.*