



**BUSINESS REGISTRATION
BUSINESS LICENSE APPLICATION**

Application Date: _____
Business Legal Name: _____
Doing Business As: _____
Physical Business Address: _____

Business Phone Number: _____
Business Email Address: _____
Business Website Address: _____

CORPORATE BUSINESS INFORMATION [IF APPLICABLE]:

Corporate Business Address: _____

Corporate Contact Person: _____
Contact's Phone Number: _____
Contact's Email Address: _____

MAIL [SUCH AS INVOICES AND BUSINESS LICENSES] SHOULD BE SENT TO (please choose one):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Local Business Address in Carpentersville | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Corporate Business Address | _____ |
| <input type="checkbox"/> Owner's Home Address | _____ |

OWNERSHIP TYPE AND CONTACT INFORMATION (please choose one):

- If Partnership, list information for all Managing Partners (use another sheet of paper if needed)
- If Sole Proprietorship, list information for the sole owner/operator.
- If Corporation, list information for the President and Chief Financial Officer.

Owner's Name: _____
Owner's Position within the Business: _____
Owner's Home Address: _____

Owner's [Cell or Home] Phone Number: _____
Owner's Email Address: _____

Owner's Name: _____
Owner's Position within the Business: _____
Owner's Home Address: _____

Owner's [Cell or Home] Phone Number: _____
Owner's Email Address: _____

PROPERTY OWNER INFORMATION (physical address must be provided):

Property Owner's Name: _____
Property Owner's Address: _____

Property Owner's [Cell or Home] Phone Number: _____
Property Owner's Email Address: _____

NATURE OF BUSINESS:

- Retail Store / Office
- Food & Hospitality
- Industrial / Manufacturing
- Health Services
- Finance & Insurance
- Construction / Contractor
- Amusements / Vending

Federal Tax Identification Number (EIN): _____

Estimated Number of Employees: _____

List of Items or Commodities to Be Sold or Ordered: _____

YES NO

Are Tobacco Products Sold Over the Counter?

Will Items Be Sold on Premise?

Will Deliveries Be Made to the Business Address?

Please furnish the contact information for at least three employees who should be notified by the Police or Fire Department in case of an emergency:

Name: _____ Position Title: _____ [Cell or Home] Phone Number: _____

APPLICANT INFORMATION (if different than information provided above): *SIGNATURE required*

Applicant Name: _____
Applicant's Position within the Business: _____
Applicant's [Cell or Home] Phone Number: _____
Applicant's Email Address: _____
Applicant's Signature: _____

Please send completed form to licenses@cville.org ; Processing usually takes 1 – 2 weeks.