VILLAGE OF ARLINGTON HEIGHTS
DEPARTMENT OF BUILDING & HEALTH SERVICES
33 S. Arlington Heights Rd.
Arlington Heights, IL 60005
Phone (847) 368-5560
Fax (847) 368-5975
Website: www.vah.com

DATE ROUTED: _____

20___ BUSINESS LICENSE APPLICATION

☐ **NEW BUSINESS** ☐ **NEW OWNER OF CURRENT BUSINESS** ☐ **CHANGE OF LOCATION** ☐ **NAME CHANGE ONLY**

BUSINESS LOCATION

BUSINESS NAME (DBA): _____

CORPORATE NAME: _____

ADDRESS: _____

ARLINGTON HEIGHTS, IL, ZIP: _____

BUSINESS PHONE #: _____

PREVIOUS BUSINESS LOCATION: _____

BILLING ADDRESS

BILL TO : _____

ADDRESS: _____

CITY : _____ **STATE:** ___ **ZIP:** _____

TELEPHONE #: _____

BUSINESS E-MAIL ADDRESS: _____

STATE SALES TAX : _____

FEDERAL EMPLOYEE ID #: _____

NUMBER OF EMPLOYEES: _____

SQUARE FOOTAGE OF OCCUPIED SPACE: _____

BEAUTY (OR) NAIL SALON, # OF STATIONS: _____

LIQUOR SALES: ☐ **YES** ☐ **NO**

A LETTER FROM THE PROPERTY OWNER IS REQUIRED FOR LIQUOR SALES. PROVIDE THE LETTER WITH THIS APPLICATION.

LOCAL CONTACT PERSON: _____

PHONE: _____

E-MAIL ADDRESS: _____

VENDING MACHINES ON PREMISES: ☐ **YES** ☐ **NO**

IF YES, TYPE AND NUMBER OF MACHINE(S), LIST LOCATION OF MACHINE(S): _____

PROPANE EXCHANGE: ☐ **YES** ☐ **NO**

HAZARDOUS CHEMICAL ON PREMISES: ☐ **YES** ☐ **NO**

IF YES, PROVIDE A LISTING OF ALL CHEMICALS STORED ON SITE.

☐ **OFFICE** ☐ **WAREHOUSE/STORAGE** ☐ **RETAIL SALES** ☐ **WHOLESALE** ☐ **RESEARCH/MANUFACTURING** ☐ **GENERAL SERVICE**

☐ **BEAUTY/BARBER SALON** ☐ **SERVICE STATION** ☐ **THEATRE** ☐ **HOTEL.MOTEL** ☐ **FOOD SERVICE** **OTHER:** _____

PROVIDE A SEPARATE SHEET WITH YOUR BUSINESS NARRATIVE

48 HOUR ADVANCED NOTICE REQUIRED FOR SITE INSPECTION.
THIS SITE CANNOT BE OCCUPIED PRIOR TO INSPECTION.

DATE FOR INSPECTION: _____ ☐ **AM** ☐ **PM** **PROPOSED OPENING DATE:** _____

☐ **SOLE OWNER** ☐ **CO-OWNER** ☐ **CORPORATION** ☐ **LIMITED LIABILITY** ☐ **PARTNERSHIP** ☐ **LIMITED PARTNERSHIP**

PLEASE PROVIDE THE NAME OF THE OWNER AND ONE INDIVIDUAL WHO SHALL BE THE DAY-TO-DAY, ON SITE MANAGERS OF THE PROPOSED BUSINESS. ALL OF THE INFORMATION REQUIRED PURSUANT TO CHAPTER 14.

NAME: _____ **TITLE:** _____ **HOME PHONE:** _____

HOME ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **DRIVERS LICENSE #:** _____ **STATE WHERE ISSUED:** _____

NAME: _____ **TITLE:** _____ **HOME PHONE:** _____

HOME ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **DRIVERS LICENSE #:** _____ **STATE WHERE ISSUED:** _____

HAVE YOU BEEN CONVICTED OF A CRIME EXCEPT MINOR TRAFFIC VIOLATIONS? ☐ **YES** ☐ **NO** **IF YES PLEASE PROVIDE BELOW THE DATE, CITY AND STATE WHERE THE ARREST(S) TOOK PLACE, THE SPECIFIC CHARGES THAT WERE FILED AND THE DATE OF THE COURT DISPOSITION AND SENTENCE IMPOSED IF APPROPRIATE.** _____

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE ORDINANCES AND THE RESULTS OF ANY INSPECTION OF THE ABOVE PREMISES AT THIS TIME OR ANY SUBSEQUENT INSPECTION WHILE THIS LICENSE IS IN FORCE.

FALSIFICATION OR OMMISSION OF ANY INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OR REVOCATION.

SIGNATURE OF APPLICANT: _____ **TITLE:** _____ **DATE:** _____

Business Narrative
(To be submitted with Business License Application)

Date: _____

Business Name: _____

Business Address: _____

Arlington Heights, Illinois 6000 _____

Business Telephone Number: _____

Contact Person: _____ **Telephone Number:** _____

Please provide a narrative explaining in detail the business operations.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please note a schematic floor plan is required for review with this submittal.

BUSINESS LICENSE SUPPLEMENTAL INFORMATION

In order to conduct an accurate and comprehensive review of your business operations, please provide a narrative explaining, in detail, the business operation along with a schematic floor plan for review. This information is required with the submittal of your business license application.

Prior to your submittal you may contact our Planning & Community Development Department at (847) 368-5200 to verify that your business is located in the proper Zoning District.

Payment: The license fee is required at the time of submittal of your business license application.

Inspections:

- If you have obtained building permits to alter the space, a business license inspection will not be conducted until you have completed your permit work.
- Inspections are required prior to your business opening date.
- Your business location should be set up the way you intend to operate from the space.

The following is a checklist of items required at all business locations. This list should be utilized as a guide; however it may not be all inclusive for your specific location. If there are specific code requirements for operation of your business, you will be notified during your business license inspection.

Fire Safety:

- Exit sign must have battery backup function.
- Exit sign light bulbs must be operational.
- Emergency light battery backup function must be operational.
- Fire extinguishers must be wall mounted and display current inspection tag.
- Electrical panels shall have clear access (30”minimum).
- No excessive combustibles material in storage area.
- No extension cords are allowed for permanent use.
- Building address must be clearly visible

Health

- Refuse service is required.
- Restrooms must have hard surface flooring and cove base, no carpeting is permitted.
- Functioning exhaust fan or window that opens.
- Covered refuse container in restroom.
- Soap, paper towels or hand dryer are required in restroom.
- Hot and cold running water.
- Cove base is required along all wallboards.
- All walls, ceiling and flooring materials must be in sound condition.

Section 9-303 Restroom Facilities.
It shall be unlawful to deny the public use of restroom facilities located in commercial operations, schools gymnasiums, hotel, public buildings, restaurants, public comfort stations or places to which the public is invited or that are frequented by the public without special permission or special invitation.

This information is valid for this specific location only, if you change your business location you are required to complete this information for your new location.

Business licenses are non - transferrable

	Arlington Heights Police Department **Emergency Information Card**

Business Name _____ Business Address _____

Business Telephone Number _____ Date _____

IN CASE OF EMERGENCIES; CALL:

	Name	Address/City	Phone #	Cell Phone #
1.				
2.				
3.				
4.				

ALARM SYSTEM ☐ YES ☐ NO

Name of Alarm Company: _____ Phone #: _____

Business License Fees as of May 2005

Computed:
Square Footage
0 - 1,000 sq. ft. = $130.00
1,001 - 5,000 sq. ft. = $190.00
5,001 - 12,000 sq ft. = $380.00
12,001 - and up = $760.00

Computed:
Per Chair For Styling
Barber or beauty salon = $22.00 per chair
Junk peddler = $40.00 per junk wagon

Computed:
Restaurant # of employees
1-5 employees = $260.00
6-21 employees = $360.00
Over 21 employees = $500.00
Convenience & grocery stores= Same as restaurants

FOR OFFICE USE ONLY

BUSINESS CLASSIFICATION _____CONTROL #_____

LICENSE #_____ CHECK#_____

DATE RECEIVED_____AMOUNT COLLECTED_____AMOUNT DUE_____

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FIRE **Date Received:_____**

Date of Inspection:_____ Approved:_____ Denied:_____

Reason for Rejection:_____

Notes:_____

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HEALTH **Date Received:_____**

Date of Inspection:_____ Approved:_____ Denied:_____

Reason for Rejection:_____

Notes:

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PLANNING **Date Received:_____** **PROVIDE ZONING DISTRICT _____**

Date Reviewed:_____ Approved:_____ Denied:_____

Reason for Rejection:_____

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VILLAGE MANAGER - FOR INFORMATIONAL USE ONLY - Date Sent:_____

Notes:_____

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FINANCE - FOR INFORMATIONAL USE ONLY - Date Sent:_____

Notes:_____

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DIRECTOR OF BUILDING & HEALTH SERVICES OR DESIGNEE

Date Reviewed:_____ Approved:_____ Denied:_____

Reason for Rejection:_____