

License No.

Amount:

Code:



Village of Northbrook

The Village of Northbrook
1225 Cedar Lane
Northbrook, IL 60062
847-664-4013
Fax - 847-272-1892
Contact: Debbie Ford

2021 Business License Application

- 1 New Business Annual License Renewal Business Name Change Ownership Change Address Change
 Seasonal Opened after June 30th Tobacco License Retail Mobile Unit (Kiosk) at Northbrook Court

*****All items must be completed or marked N/A if not applicable*****

2 **Business Information** FEIN No.: _____ Sales Tax No.: _____

Type of Business: _____ (If Bank, are you Federally chartered Y/N)

Northbrook Business Name: _____ D/B/A _____

Northbrook Business Address: _____ Suite: _____

City/Zip (if not Northbrook) _____ Business Phone: _____

Fax Number: _____ Emergency Phone: _____ Business Email: _____

Do you sublet to another business: Yes No If Yes, to whom? _____

Manager/Contact Information: _____ Business Website: _____

Name: _____ Phone: _____ E-mail: _____

3 **Billing Information (For RENEWAL- If there's no change from last year, mark box. NO CHANGE:**

Complete this section if a new application or there is a change from prior year:

Send Billing Info to: Contact Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Illinois has a Freedom of Information Act pertaining to public records. Most written communications (including any "Business Information" or "Billing Information" (Sections 2 and 3) identified on this application) to or from village officials and staff could be considered public records which would be available to the public and media upon request. Include only that information related strictly to the business in this section.

4 **Personal Information (For RENEWAL- If there's no change from last year, mark box. NO CHANGE:**

Complete this section if a new application or there is a change from prior year:

Owner or Principal Officer: _____ Personal Phone: _____

Address: _____ City/State: _____ Zip: _____

Owner or Principal Officer: _____ Personal Phone: _____

Address: _____ City/State: _____ Zip: _____

PLEASE CONTINUE ON REVERSE

5

Landlord Information (For RENEWAL- If there's no change from last year, mark box. No Change:

Landlord/Company Name: _____

Address: _____ City/State: _____ Zip: _____

Contact Name: _____ Phone: _____

LICENSE INFORMATION

License Category: _____ If applicable, please indicate the number of brokers, motel/hotel rooms, billiard tables, vending machines (food and or drink), gas pumps, amusement devices, animal cages.

Object

Number

Who Owns Devices/Machines/Location of Machines

6

Object	Number	Who Owns Devices/Machines/Location of Machines
Amusement Devices	# of devices:	
Video Rental Machines	# of machines:	
Food/Drink Vending Machines Insert Number of:	Food: Drink:	
Ice/Milk Storage	How many?	
Gasoline Pumps	# of Pumps:	# of Nozzles:
Restaurant/Theater	Seat capacity:	
Motel/Hotel	# of rooms:	
Pool/Billiards	# of tables:	
Pet Shop or Kennel	# of cages:	
Retail/Grocery Store	Gross Sq. Ft:	Food Processing Sq Ft:
Ticket Agents/Brokers	# of agents:	# of brokers:

If there is no change for any required information under "section 6" please initial.

7

Falsification or omission of any information on this application may be grounds for denial or revocation.

- ✓ Has the applicant(s) been convicted of a felony? No Yes
- ✓ Has the applicant(s) been convicted of any crime of moral turpitude? No Yes
- ✓ Has the applicant(s) unsuccessfully defended a civil proceeding wherein he or she was charged with fraud, misrepresentation or unscrupulous business practices? No Yes

****If you answer YES to any of the questions above, please provide additional information:

AFFIDAVIT

I (we) swear and affirm that I (we) will not violate any of the Ordinances of this Village or the laws of the State of Illinois or of the United States of America in the conduct of the place of business described in this application and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Date: _____ Signature of Owner OR Manager: _____