



2022

VILLAGE OF HOMER GLEN
 14240 W. 151st Street
 HOMER GLEN, ILLINOIS 60491

<u>FOR VILLAGE USE ONLY</u>	
Submit Original to Village Clerk	
Check # _____	Amt. \$30.00 _____
Credit Card Type _____	(Attach Receipt)
Reg. No. _____	Date Issued _____
Zoning Approved _____	Building Dept. _____

APPLICATION FOR BUSINESS LICENSE

Please Note: Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For any questions, call Village Hall at (708) 301-0632.

Type of Application (circle one):				
<input type="checkbox"/> Commercial Business	<input type="checkbox"/> Home Business	<input type="checkbox"/> New Business	<input type="checkbox"/> Address Change	
Business Name: _____		DBA: _____		
Business Telephone: _____		Website: _____		
Business Address: _____				
Street	City	State	Zip	
Manager/Contact Person: _____		Cell Phone #: (____) _____		
Email: _____				
Second Contact Person: _____		Cell Phone #: (____) _____		
Email: _____				
Mailing Address (if different than above)				
Name: _____		Telephone: _____		
Mailing Address: _____				
Street	City	State	Zip	
Parent Company Main Office (if applicable)				
Name: _____				
Telephone: _____		Email _____		
Parent Company Address: _____				
Street	City	State	Zip	
Federal Tax ID Number (fill out all that apply):				
Illinois Business Tax #: _____		Federal ID #: _____		
Type of Ownership: () Individual () Partnership () Corporation () LLC				
Please Proceed to Page 2				

Please select Business Category:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Landscape/Lawncare
<input type="checkbox"/> Amusement/Golf	<input type="checkbox"/> Laundry
<input type="checkbox"/> Animal Care	<input type="checkbox"/> Machine Shop
<input type="checkbox"/> Attorney	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Auto Dealer/Leasing	<input type="checkbox"/> Media Marketing/Advertising
<input type="checkbox"/> Auto/Truck Repair	<input type="checkbox"/> Nonprofit/Church
<input type="checkbox"/> Car Wash/Auto Detail	<input type="checkbox"/> Real Estate/ Property Management
<input type="checkbox"/> Construction/Engineer/Architect	<input type="checkbox"/> Refuse/Recycling
<input type="checkbox"/> Contractor	<input type="checkbox"/> Rental Equipment
<input type="checkbox"/> Corporate Headquarters	<input type="checkbox"/> Retail
<input type="checkbox"/> Distributor	<input type="checkbox"/> Retail Firearms
<input type="checkbox"/> Education/Childcare	<input type="checkbox"/> Restaurant/Bar/Food Service
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Salon/Spa
<input type="checkbox"/> Financial Service/Bank	<input type="checkbox"/> Spa With Massage Services
<input type="checkbox"/> Fitness/Gym/Sports	<input type="checkbox"/> Transportation
<input type="checkbox"/> Funeral Home	<input type="checkbox"/> Utility
<input type="checkbox"/> Gas Station/Convenience	<input type="checkbox"/> Warehouse/Storage
<input type="checkbox"/> Health Care/ Medical	<input type="checkbox"/> Other _____
<input type="checkbox"/> Home Repair	
<input type="checkbox"/> Hospitality/Hotel	

Would you like your Business listed on the Village Website's Business Directory?

() Yes () No

Hours of Operation:

Is your business ever open past 11:00 p.m.? () Yes () No

If you checked Yes, please list hours of operation: _____

*If your business is open past 11:00 p.m., you may need to apply for a free extended hours permit. Village staff will contact you with more information.

Number of Employees: _____ **Number of Seats (for restaurants only):** _____

Signature of Owner or Agent for Owner

Date _____