



# Village of East Dundee

120 Barrington Avenue  
East Dundee, Illinois 60118  
Office (847)426-2822

## BUSINESS REGISTRATION & LICENSE RENEWAL APPLICATION

I (We), the undersigned, hereby complete the application for a Business License under the ordinances of the Village of East Dundee for conducting a business. Any omissions or misstatements of facts herein may cause forfeiture for granting of the Business License.

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### SECTION A: LOCAL BUSINESS Send Renewal information to this Address YES / NO

Name of Business: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Local Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

State Sales Tax ID: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

WOULD YOU LIKE TO HAVE YOUR BUSINESS LISTED IN THE VILLAGE DIRECTORY ON THE VILLAGE WEBSITE? Name & Address: YES / NO Website: YES / NO If yes, PLEASE **CIRCLE** CATEGORY:

A=Antiques and Specialty shops  
B=Banks and lending institutions  
D=Dining (sit down and eat)  
E=Entertainment

F=Food and beverages  
H=Health Care  
L=Lodging  
N=Not for profit

P=Professional (lawyers, CPA's)  
R=Retail S= Services

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### SECTION B: OWNER/ CORPORATION Send Renewal information to this Address YES / NO

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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### SECTION C: EMERGENCY INFORMATION- Local Personnel to be notified in case of emergency

1. \_\_\_\_\_  
Name Address City/State Phone #

2. \_\_\_\_\_  
Name Address City/State Phone #

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### SECTION D: FEES

\*\*Registrations Received prior to January 31<sup>st</sup> - \$50.

**\$50.00**

\*\*Registrations Received after January 31<sup>st</sup> may be subject to citation.

**SECTION E: POLICE/FIRE/QUADCOM EMERGENCY INFORMATION**

Our list of your personnel to contact in case of an emergency after your regular closing time needs to be updated. The information you supply is for the Police Department, Fire, and QuadCom use only. Copies of this information will be maintained at our police station as well as at Quadcom Dispatch Center.

You assistance in this matter is most appreciated.

1) Name of Business: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Business Telephone #: \_\_\_\_\_

Name and Home telephone number of (preferably three people) having keys to the building, knowledge of its layout and operations, and keys and/or code for the alarm system. When listing your key holders, list the names in the order to be called out, if possible, the key holder who lives a short distance away. Also note which key holder is the owner/manager.

1<sup>st</sup> to be called: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2<sup>nd</sup> to be called: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3<sup>rd</sup> to be called: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SECTION F: GENERAL BUSINESS INFORMATION**

BUSINESS HOURS:

Monday- \_\_\_\_\_ to \_\_\_\_\_

Tuesday- \_\_\_\_\_ to \_\_\_\_\_

Wednesday- \_\_\_\_\_ to \_\_\_\_\_

Thursday- \_\_\_\_\_ to \_\_\_\_\_

Friday- \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

EMPLOYEE INFORMATION:

Total Number of Employees: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_

Number of Part Time Employees: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

SIGNATURE OF OWNER OR MANAGER:: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_