



**CERTIFICATE OF OCCUPANCY, BUSINESS REGISTRATION & LICENSE APPLICATION**

Any omission or misstatement of facts may cause forfeiture in granting a Business Registration and/or Business License.

<b>Section A: Local Business</b>		Opening Date:
Name of Business	Number of Employees	
Doing Business As		
Local Address _____, West Dundee, IL 60118		
Business Description _____		
Business phone _____	Website Address _____	
Business Fax _____	Email Address _____	
IL Business Tax Number _____	Name as it appears on IL Retail Sales Tax List _____	
(IBT #) <b>COPY OF IBA (Illinois Business Authorization) REQUIRED PRIOR TO OCCUPANCY</b>		

<b>Section B: Business Owner/Corporation</b>		Email Address:
Full Name:	Ph	
Address:	Fa	
City, State, Zip: _____		
Send Renewal Application to: <input type="checkbox"/> Local Business <input type="checkbox"/> Business Owner		

**Section C: Tobacco Dealer's License Application**

All businesses selling tobacco products and paraphernalia are required to strictly enforce the prohibitions set forth and to remit an annual license fee of \$35.00. This license is in addition to any other license or registration required by the Village of West Dundee.

**Please Check One of the Following:**

The Tobacco Dealer's License **does not** apply to this business.       I have carefully reviewed the Tobacco Dealer's Ordinance and agree to the provisions set forth.

Section D: Fees	<u>FEE</u>	
<i>Business Registration: (required)</i>	\$ 35.00	\$ 35.00
<i>Tobacco License: (if applicable)</i>	\$ 35.00	\$
<i>Food Dealer's License Fee: (if applicable)</i>	\$ 35.00	\$
<i>Massage Therapy Clinic License: (if applicable)</i> <i>Valid for 3 years</i>	\$ 110.00	\$
<b>* Mechanical Amusement Device License Fee: (if applicable)</b>		
\$135.00      Pool Tables      Dart Machines	\$135.00	\$
<i>Each</i> Interactive TV      Juke Boxes	<i>(per machine)</i>	
Auto Amusement Machines		

**NOT INCLUDING VIDEO GAMING, SEE SEPARATE APPLICATION**

\* Whether manually or electrically operated or a combination of both operations, all slot machines, all amusement machines, for which a fee or charge is made for the privilege of playing or operating the same, including jukeboxes, but excluding all standard vending machines used in connection with the purchase of standard brands of merchandise or video gaming devices as defined by the State of Illinois.

**Total Fees \$**  
**Enclosed**

**Over →**

<i>FOR OFFICE USE ONLY</i>					<i>CERTIFICATE OF OCCUPANCY</i>			
<input type="checkbox"/> REG	<input type="checkbox"/> FOOD	<input type="checkbox"/> AMUSE	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> MESSAGE	REG	LIC	DATE	COUNT
FEES PAID HOLD/RELEASE: CD      FD      PD					CK # _____      Batch # _____			

# POLICE / FIRE / QUADCOM EMERGENCY INFORMATION



**West Dundee Fire Department**  
**100 Carrington Drive, West Dundee, IL. 60118**  
**PH 847-551-3805 FX 847-551-3814**

A list of personnel to contact in case of an emergency after your regular closing time is required. The information you supply is for Fire Department and Police Department use only and will be held in the strictest confidence. Please fill out the following information and keep a copy for your records. Copies of this information will be maintained at the police station as well as QuadCom Dispatch Center.

Business Name: \_\_\_\_\_ PH# \_\_\_\_\_

Business Address: \_\_\_\_\_ FAX# \_\_\_\_\_

1. Please list **NAME & PHONE NUMBER** (with area code) of at least three persons having keys to the building and knowledge of its layout and operations. **List key holders in the order to be called and indicated which key holder is the owner/manager.**

	NAME	PHONE NUMBER
1 <sup>st</sup>	_____	_____
2 <sup>nd</sup>	_____	_____
3 <sup>rd</sup>	_____	_____

2. Normal Business Hours:

Monday – Friday: \_\_\_\_\_ Saturday & Sunday: \_\_\_\_\_

3. Property Owner Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

If the above emergency information for your business changes, please notify the West Dundee Fire Department between the hours of 8:00 A.M. and 4:30 P.M.

After hours information may be given to QuadCom at (847) 428-8784, 24 hours a day.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER OR MANAGER IS REQUIRED

\_\_\_\_\_  
PRINT NAME AND TITLE:

## FOR OFFICE USE ONLY

Card: \_\_\_\_\_ Alarm: \_\_\_\_\_ CAD: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Opr: \_\_\_\_\_ Opr: \_\_\_\_\_ Opr: \_\_\_\_\_