



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.

Section A: Local Business		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 #) COPY OF IBA (Illinois Business Authorization) REQUIRED PRIOR TO OCCUPANCY		

Section B: Business Owner/Corporation	
Full Name:	Email Address:
Address:	Ph
City, State, Zip:	Fa
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:	
<input type="checkbox"/> The Tobacco Dealer's License does not apply to this business.	<input type="checkbox"/> I have carefully reviewed the Tobacco Dealer's Ordinance and agree to the provisions set forth.

Section D: Fees	FEE															
<i>Business Registration: 0-1000 sq ft - \$50, 1,001-5,000 sq ft - \$75, 5,001-10,000 sq ft - \$150, 10,000 + sq ft - \$250</i>	varies \$															
<i>Tobacco License: (if applicable)</i>	\$ 35.00 \$															
<i>Food Dealer's License Fee: (if applicable) Massage Therapy Clinic License: (if applicable)</i>	\$ 35.00 \$															
<i>* Mechanical Amusement Device License Fee: (if applicable)</i>	\$ 110.00 \$															
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">\$135.00 Each</td> <td style="width: 30%;">Pool Tables</td> <td style="width: 30%;">Dart Machines</td> <td style="width: 10%;">\$135.00</td> <td style="width: 10%;">\$</td> </tr> <tr> <td></td> <td>Interactive TV</td> <td>Juke Boxes</td> <td>(per machine)</td> <td></td> </tr> <tr> <td></td> <td>Auto Amusement Machines</td> <td></td> <td></td> <td></td> </tr> </table>	\$135.00 Each	Pool Tables	Dart Machines	\$135.00	\$		Interactive TV	Juke Boxes	(per machine)			Auto Amusement Machines				
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	Interactive TV	Juke Boxes	(per machine)													
	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.

Total Fees \$ Enclosed

Over →

<i>FOR OFFICE USE ONLY</i>					<i>CERTIFICATE OF OCCUPANCY</i>				
FEES PAID					REG	LIC	DATE	COUNT	
<input type="checkbox"/> REG	<input type="checkbox"/> FOOD	<input type="checkbox"/> AMUSE	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> MESSAGE					
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 st	_____	_____
2 nd	_____	_____
3 rd	_____	_____

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: _____