



**Community Development &
Fire Department**
100 Carrington Dr., West Dundee, IL 60118
847-551-3805 FAX 847-551-3814

**HOME BASED BUSINESS
REGISTRATION & LICENSE APPLICATION**

I, (We), the undersigned, hereby make application for a Business Registration & Business License under the ordinances of the Village of West Dundee for conducting a business. Any omissions or misstatements of facts herein may cause forfeiture for granting of the Business Registration and/or Business License.

Section A: Local Business

Name of Business _____

Doing Business As _____

Local Address _____ West Dundee, Illinois 60118

Describe Business _____

Business Phone _____ Business Fax _____

Email Address _____ Website _____

Illinois Retail Sales Tax # (where applicable) _____ Name as it appears on Illinois Retail Sales Tax List _____

Section B: Owner / Corporation

Full Name _____

Address _____

City, State _____ Zip +4 _____

Phone _____ email address _____

Section C: Fees

Registration Fee: \$35.00	\$ N / A
Tobacco License Fee: \$35.00 (If selling tobacco products or paraphernalia)	\$
Food Dealer License Fee: \$35.00 (If selling prepared or prepackaged food)	\$
Total Fees Enclosed	\$

Comments: _____

SIGNATURE OF OWNER IS REQUIRED

PRINT NAME AND TITLE

FOR OFFICE USE ONLY

HOLD/RELEASE

Batch # _____
