



Zoning Code Requirements Home Occupations

Home Occupation. An accessory use (or special use) of a dwelling unit carried on by the members of the immediate family residing on the premises. The use is clearly incidental and secondary to the use of the dwelling unit for residential purposes and does not change the character of the residence or adversely affect the residential character of the neighborhood.

Home Occupation Registration & Business License Procedure

Please supply separate checks for the home occupation registration application and the City business license.

- ◆ Complete the home occupation registration form. There is a one-time registration fee unless the occupation or circumstances change. Please contact our office for the appropriate registration fee.
- ◆ Complete the business license application; please contact our office for the appropriate business license fee.
- ◆ If the home occupation registration application is approved a certificate of home occupation and City business license will be sent to you.
- ◆ If the registration application is rejected, the business license fee will be returned to you. The home occupation registration fee is non-refundable.



COMMUNITY DEVELOPMENT DEPARTMENT
 3600 Kirchoff Road
 Rolling Meadows, IL 60008
 Phone 847-506-6030 Fax 847-483-0365
 Home Occupation Application
 For Business License

Please print

Name of business _____

D.B.A. or A.K.A. Name (if applicable) _____

Address of business _____

Business phone number _____ Email _____

Fax _____ Cell _____

Full legal name of owner _____

Billing/mailing address _____

Emergency Contact Name _____ Phone _____

Federal taxpayer ID number (FEIN) or Illinois business tax number (IBT) _____

Number of Employees _____ Current Occupancy **OR:** Expected date of occupancy _____

Detailed description of business use or service provided: _____

Please attach a letter that gives a detailed description of your company & its operation within this location.

I hereby certify I am the owner or a duly authorized agent of the business making this application, empowered to bind said business to all terms & conditions of the license. I understand issuance of the license & the license's continuation is conditioned upon compliance with all applicable codes, ordinances & laws. I agree to pay all fees associated with the license & to submit the premises to inspection in accordance with all codes & ordinances. I understand failure to comply with all applicable ordinances & laws may result in revocation of the license & the privilege to conduct business in the City of Rolling Meadows.

 Signature

 Date

 Print Name

Owner Agent (include title) _____

***** For official use only - do not write below this line *****

New business Zoning Classification: _____

Approval initials

Fire Pevention _____ Fee Category _____ Fee _____

CD Dept. _____ Fee Category _____ Fee _____

TOTAL Fee: _____

License Number _____ Home Occupation Registration Number _____

Batch Number _____

**CITY OF ROLLING MEADOWS
APPLICATION FOR HOME OCCUPATION REGISTRATION
(To be accompanied by non-refundable fee of \$15.00)**

Applicant's Name _____

Business Name (if different from above) _____

Applicant's Address _____

Mailing Address: (city) _____ (state) _____ (zip) _____

Telephone _____ Are you the owner of the premises? YES NO

If not, owner's name and address _____

Type of Occupation (be specific) _____

1. Further details about the home occupation: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 2. Is the home occupation currently in operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If not, when will it open? _____ | | |
| 4. Will the outside appearance of the property change? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will the occupation be visible from the street? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will the home occupation employ individuals other than immediate family members that reside at the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If so, how many? _____ | | |
| 8. Will there be a vehicle associated with the home occupation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. What type of vehicle is associated with the business? _____ (car, van, truck, etc.) | | |
| 10. If vehicle is a truck, please indicate weight of vehicle: _____ pounds | | |
| 11. Please give license plate number for vehicle associated with the business: _____ | | |
| 12. Is there product storage on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. If so, will all storage be within a structure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are any combustible or flammables used in the home occupation (solvents, cleaners, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is a product manufactured or produced on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Will there be an increase in noise, vibration, glare, fumes, odors or electrical interference associated with the occupation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is there wholesaling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is there retail sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are there deliveries to the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. If so, what is the number of deliveries per week? _____ | | |
| 21. How are deliveries received? _____ | | |
| 22. What is the total gross floor area devoted <u>exclusively</u> to the home occupation? _____ sq. ft.
(note: maximum allowed is 300 sq. ft.) | | |

As applicant, I acknowledge that the above answers are accurate and truthful. I understand that a home occupation is regulated by the Zoning Code of the City of Rolling Meadows and must operate within the requirements established by that Code. I also understand that, in most cases, the occupation will require a city business license. I shall obtain a license, if required.

Signature _____ Date _____

Print Name _____

Accepted Denied By: _____

Comments _____

Valid City vehicle sticker for all vehicles at this address? Yes No

* Upon approval a registration certificate will be mailed. *