



COMMUNITY DEVELOPMENT DEPARTMENT
3600 Kirchoff Road, Rolling Meadows, IL 60008
Phone 847-506-6030 Fax 847-483-0365
Business License/Registration Application
Businesses located in Rolling Meadows

Please print or type all information

Name of business _____ D.B.A. (if applicable) _____

Address of business _____

Business phone number _____ Email _____

Full name of owner _____ Owner phone number _____

Billing/mailling address _____ City/State/Zip _____

Emergency Contact- Full Name _____ Phone number _____

Federal taxpayer ID number (FEIN) _____ **OR:** Illinois business tax number (IBT) _____

Number of Employees _____ Expected date of occupancy _____

For all businesses – please attach a letter that gives a detailed description of your company and its operation within its location.

ALL BUSINESSES THAT HAVE MULTIPLE CATEGORIES:

(retail with grocery or gas station with mini-mart or restaurant, etc), please indicate sq. ft. of each category

- | | |
|---|--|
| <input type="checkbox"/> Office/Retail/Service _____ sq. ft. | <input type="checkbox"/> Warehouse/Industrial _____ sq. ft. |
| <input type="checkbox"/> Sale of tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Food Establishment _____ sq. ft. |
| <input type="checkbox"/> Pawnbroker _____ sq. ft. | <input type="checkbox"/> Food – Low Risk/Prepackaged/Minimal Preparation Food |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Outdoor seating |
| <input type="checkbox"/> Accessory Car Wash | <input type="checkbox"/> General Contractor _____ sq. ft. |
| <input type="checkbox"/> Hotel/Motel (indicate number of rooms) _____ | <input type="checkbox"/> Sub-Contractor _____ sq. ft. |
| <input type="checkbox"/> Funeral Home _____ sq. ft. | <input type="checkbox"/> Nursing/assisted listing home (number of rooms) _____ |
| <input type="checkbox"/> Laundromat/Laundry _____ sq. ft. | <input type="checkbox"/> Nursing/assisted living home – public (number of rooms) _____ |
| <input type="checkbox"/> Vending machines (food/beverage) _____ | <input type="checkbox"/> Mobile Business (indicate number of vehicles) _____ |
| <input type="checkbox"/> Coin-operated devices (gumball, candy, etc.) _____ | <input type="checkbox"/> Other (describe) _____ |

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 city use only - do not write below this line *****

New business New location New owner **Zoning Classification:** _____

Building permit needed? YES NO **Sign requested?** YES NO

Approval **CD Dept.** _____ **Health Dept.** _____

License/Registration Number: _____ **TOTAL Fee:** _____