



**COMMUNITY DEVELOPMENT DEPARTMENT**  
**3600 Kirchoff Road**  
**Rolling Meadows, IL 60008**  
**Phone 847-506-6030 Fax 847-483-0365**  
**Exempt Business Registration & Inspection Application**

***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/mailling 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 \_\_\_\_\_

Number of vending machines (food/beverage): \_\_\_\_\_ Type \_\_\_\_\_

Number of coin-operated devices (gumball, candy, etc.) \_\_\_\_\_ Type \_\_\_\_\_

Detailed description of business use or service provided: \_\_\_\_\_

**Exempt businesses - please attach a copy of your state license and a letter that gives a detailed description of your company and its operation within this location.**

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

New business    New location    New owner      Zoning Classification: \_\_\_\_\_

**Approval initials**      Building permit applied for?  YES  NO      Date of permit application \_\_\_\_\_

Fire prevention \_\_\_\_\_      Fee Category \_\_\_\_\_      Fee \_\_\_\_\_

Health Dept. \_\_\_\_\_      Fee Category \_\_\_\_\_      Fee \_\_\_\_\_

CD Dept. \_\_\_\_\_      Fee Category \_\_\_\_\_      Fee \_\_\_\_\_

Police Dept. \_\_\_\_\_      Fee Category \_\_\_\_\_      Fee \_\_\_\_\_

TOTAL Fee: \_\_\_\_\_