Village of Clarendon Hills - Business License Application

(Reference: Chapter 31, Article 1 of the Village Municipal Code)

CALENDAR YEAR 2026

License ID (completed by VOCH CD Department)

Number _____ **Date Assigned** ____/____/_____

Business Information

Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
E-Mail _____
Website _____
State Retail Occupation Tax No_____

Business Profile

Describe Business and All Services Offered:

_____
_____
_____
_____

Number of Employees at this Location_____full-time
_____ part-time

Square Footage of Business_____

Business Owner Owner(s) Information

Name _____
Address _____
City/State/Zip_____
Phone _____
Fax _____
E-Mail _____

If Corporation:

State of Incorporation
_____
Date of Incorporation
_____
Certificate No.
_____

If Leased,

Management Agent _____
Management Address _____
Management City/State/Zip_____
Management Phone _____
Term of Lease _____

Liability Insurance Coverage:

Name of Agent_____
Name of Insurance Co._____
Policy No._____
Policy Period_____

Fee: (check all that apply)

- ☐ Basic Business (< 1,000 square feet of floor area) ..... $ 70.00
- ☐ Basic Business (between 1,000 and 5000 square feet of floor area..... $ 97.00
- ☐ Basic Business (over 5,000 square feet of floor area) ..... $ 146.00
- ☐ Downtown Outdoor Seating/Dining or Display in Pubic Rights-of-Way ..... $ 10.00
- ☐ Hotel or Motel (contact Community Development Department)…….[separate form and fee required]

One North Prospect Avenue, Clarendon Hills, Illinois 60514
TEL: 630-286-5410 FAX: 630-286-5429 EMAIL: Building@clarendonhills.us

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I hereby certify that all of the information contained in this application for a Business License is true and correct, further that any false information provided for in this application shall be grounds for revocation of the Licenses as well as any other penalties provided for by law. NOTE-THIS IS AN APPLICATION FOR A BUSINESS LICENSE AND IT IS UNDERSTOOD THAT A BUSINESS CANNOT BE CONDUCTED UNTIL A LICENSE IS ISSUED BY THE VILLAGE OF CLARENDON HILLS. ILLINOIS. (I)(We) further state that (I)(we) understand all of the ordinances of the Village of Clarendon Hills that pertain to the operation of a Business in the _____ Zoning District of the Village of Clarendon Hills and have confirmed the classification of our business is listed in this Zoning as permitted use.

Applicant's Signature _____ **Date** _____

Print Name _____

RETURN COMPLETED APPLICATION WITH PROPER FEES TO:

ATTN: Community Dev. Dept.
Village of Clarendon Hills
One North Prospect Avenue
Clarendon Hills, Illinois 60514

VILLAGE USE ONLY:

Reviewed by:

_____ _____
Community Development Director Date

Comments:

_____
_____
_____

☐ **APPROVED**
☐ **DENIED**
Reason for Denial: _____
_____
_____

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