VILLAGE OF NORTH RIVERSIDE
NEW BUSINESS LICENSE APPLICATION

ANTICIPATED OPENING DATE: _____

TYPE OF BUSINESS: ***(circle one)***

Corporation LLC Partnership Individual

Business Name of Applicant:_____ _____
Legal Name of Business* Date

* *Note: If an LLC or corporation, please provide the corporate name. If a partnership, provide names of all persons entitled to share in the profits and/or the registered name of the partnership.*

BUSINESS INFORMATION **(attach a copy of your state/federal license):**

1. Name of Business (DBA): _____
2. Store Manager's Name: _____
3. North Riverside Business Address:_____
4. Business Phone: (_____)_____Email: _____
5. Square Footage: _____ Occupancy Maximum: _____

   Number of full-time employees: _____ Number of part-time employees: _____
6. Does applicant own premises/property for which license is sought? Yes_____ No_____If

   NO, what date does applicant's lease expire? _____
7. Hours of operation _____

CORPORATE BILLING / MAILING INFORMATION:

Billing/mailing & email address for Village correspondence:

Contact Person: _____ Phone: (____)_____

Address: _____
Street City State Zip

Email: _____

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BUSINESS OWNER/MANAGER INFORMATION:

1. Name: _____ Phone: (_____)_____

   Corporate Officer: Yes_____ No_____ Title: _____

   Stockholder: Yes_____ No_____ % of Stock: _____

2. Home Address: _____
   Street City State Zip

   Home Phone: (_____)_____ Email: _____

3. Emergency Contact:

   Name: _____ Phone: (_____)_____

   Email: _____

PROPERTY OWNER / LANDLORD INFORMATION:

4. Name: _____ Phone: (_____)_____
5. Mailing address: _____
6. Email Address: _____

RETAIL PRODUCTS SOLD (mark all that apply):

_____ Packaged Snacks & Beverages

_____ Fresh Food / Produce

_____ Clothing / Textile Products

_____Other _____

____ Tobacco Products

____ CBD Products (Specify) _____

____ Packaged Beer / Wine / Spirits

____ Poured Beer / Wine/ Spirits

NUMBER OF MACHINES ON PREMISES:

All vending and coin operated machines must be licensed by the Village

____ Amusement Games / Machines

____ Video Gaming Machines

____ Jukebox Machines

____ Games of Chance

____ Pool Tables

____ Drink / Food Vending Machine

____ Gumball / Candy Vending

____ ATM Machine

____ Other: _____

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EXTERIOR SIGNS **(all exterior signs will be inspected annually):**

_____ # of Illuminated Signs _____ # of Non-illuminated Signs

GARBAGE & PEST CONTROL RESPONSIBILITY:

_____ Landlord _____ Business Owner

Information below is required before licensing**:**

Garbage Company: _____

Address: _____ Phone: (____)_____

Garbage Collection Days: _____

Pest Control Company: _____

Address: _____ Phone: (____)_____

Frequency Schedule: _____

FIRE INSPECTIONS:

The North Riverside Fire Department (NRFD) provides a yearly inspection for the public health, welfare, and safety of people who will occupy or visit the business premises. This is a mandatory Village requirement for all businesses.

In case of an emergency NRFD may need immediate access to your business. If you rekey your doors, please make sure your Knox Box has the correct keys.

Contact Person Responsible for Fire Inspections:

Name: _____ Phone: (____)_____

Mailing Address: _____

Email Address: _____

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BUSINESS DELIVERY & CATERING VEHICLES:

LICENSE PLATE #	YEAR	MAKE	MODEL	COLOR
LICENSE PLATE #	YEAR	MAKE	MODEL	COLOR

LICENSING INFORMATION:

- **This business application renewal form must be submitted before a licensing invoice will be generated.**
- **Upon receipt, your business license invoice will be sent out within 10 business days.**
- **Licenses will be mailed or emailed 10 days after payment is received.**

Send invoice to:

_____

Address or email

Send license to:

_____

Address or email

_____ _____

Signature of Applicant Date

_____ _____

Printed Name Title