Village of Berkeley
Business License Application

Date: _____

Payment Amount Submitted: _____

Instructions: 1. Type or print legibly
2. Include Cost Recovery Form
3. Complete the entire application. **Incomplete applications will not be considered.**

Applicant/Owner Information

Full Name of Applicant : _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Alternate Telephone: _____

Driver's License or State Identification Number: _____

Business Information

Business Name: _____

Business Proposed Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Days of Operation: _____ Hours of Operation: _____

Detailed Type/Nature of Current Business: _____

_____

_____

_____

(If more space is needed please attach a separate sheet of paper)

Illinois State Sales Tax Number: _____ Federal Employer Identification No.: _____

Maximum Number of Persons Engaged/Employed in This Business: _____ Number of Vehicles used in the business: _____

Square footage: _____ Number of rooms: _____ Proposed Starting Date: _____

Is this business a relocate with in the Village? □ Yes □ No

Is this business location a new construction? □ Yes □ No

Do you have a current/previous business?	□ Yes	□ No
Are there any changes being proposed to the existing operation, floor plans, or seating accommodations needed for this license? If yes, a separate building permit must be submitted with architectural building plans.	□ Yes	□ No
Have you been convicted of any misdemeanor or felony? If yes, please attach letter with dates, court, conviction, and sentence of conviction.	□ Yes	□ No
Do you have the right to possess (rent, mortgage, or own) the permit premise for the term of the permit?	□ Yes	□ No
Have all your sales taxes and property tax obligations for the past year and those due at this time been paid in full?	□ Yes	□ No
Will the business be conducted by a manager or agent? Please choose the appropriate person to be conducting your business:	□ Manager	□ Agent

AFFIDAVIT OF APPLICANT

I certify that this application was completed by myself or by the preparer identified herein. I certify that my premise ownership is true and that I will provide a copy of any applicable lease or purchase by contract upon request of the Village President and/or Village agent. I certify that I have met any applicable requirements. I certify that all information provided herein and on any attached schedules or documents are true and correct. **I understand that it is a felony under law to misrepresent or falsify any portion of this application or attached documents.**

By attachment of my signature, I consent to a full background investigation and fingerprinting before approval and issuance of business license.

By attachment of my signature, I consent for the duration of the permit to inspection and search by an enforcement officer, without a warrant or other process, of the licensed premise and vehicles to determine compliance with the provisions of the business license ordinance.

By attachment of my signature, I affirm that I and all individuals required to be identified in the application understand that should the licensed premises become or constitute a nuisance that license, permit, or certificate may be suspended or revoked or the licensed may be fined by the Village President and/or Village agent.

By attachment of my signature, I affirm that I and all individuals required to be identified in this application have not in the past, and will not in the future, violate any of the laws of the State of Illinois, or the United States, or an ordinance of the Village of Berkeley, in relation to the license or the licensed premises.

By attachment of my signature, I affirm that I and all individuals required to be identified in the application attest that I will testify under oath and subscribe to the truth in response to all relevant and material questions asked, in any hearing conducted by the Village President and/or Village agent, either before or after the issuance of a license.

By attachment of my signature, I affirm that any and all business being conducted is in conformity with all Village of Berkeley ordinances now in effect and effective in the future **as agreed on this original business license application**. Any violation of any law of the United States of America, the State of Illinois, or the Village of Berkeley in force and effect during all or part of the period covered by any license issued pursuant to this update form in the conduct of the business will result in a revocation of the licensed issued hereunder.

By attachment of my signature, I affirm that I and all individuals required to be identified in the application attest that I will provide, on receipt of a lawfully authorized subpoena by the Village President and/or Village agent, any book or record of his licensed business in connection with any investigation conducted by the Village President and/or Village agent.

By attachment of my signature, I affirm that I agree to inform the Village of Berkeley, in writing, if there are any resignations, replacements, new appointments or elections, acquisitions, transfers of ownership or stockholder, roster changes, dissolutions, death, insolvency, bankruptcy, conviction of a felony, or any other changes to the business being licensed.

Please include the signatures of all individuals, partners, general and limited partners, officers, directors, managing members, and stockholders owning more than fifty percent (50%) of the corporate stock of a publicly traded corporation and more than five percent (5%) of the corporate stock of a nonpublicly traded corporation below.

Print Name of Applicant	Signature	Date
_____	_____	_____

Individual(s) Signature:

Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____

General Partnership Signature:

Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____

Limited Partnership Signature:

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

Corporation or Limited Liability Corporation Signature:

President Name	Signature	Date
Secretary Name	Signature	Date
Managing Member Name	Signature	Date
Site Manager Name	Signature	Date

Club Signature:

President Name	Signature	Date
Secretary Name	Signature	Date
Site Manager Name	Signature	Date

Affidavit of Preparer (If Applicable)

I certify that I have examined this application and the accompanying forms, schedules, and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Print Name _____ Signature _____ Date _____

Address of Preparer: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Department Approval Document (For Office Use Only)

Business License Application Received by:

Signature: _____ Date: _____

Comments: _____

_____

Village Administrator:

Signature: _____ Date: _____

Comments: _____

_____

Police Chief:

Signature: _____ Date: _____

Comments: _____

_____

Fire Chief:

Signature: _____ Date: _____

Comments: _____

_____

Department Trustee:

Signature: _____ Date: _____

Comments: _____

_____

Village President:

Signature: _____ Date: _____

Comments: _____

_____

Emergency Contact Information

Business Name: _____

Address: _____ Suite/Office: _____

Telephone: _____ Fax: _____

Email: _____

Type of Business: _____

Business Contact: _____ Title: _____

Business Owner: _____ Emergency Phone #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Building Owner: _____ Emergency Phone #: _____

Building Owner Home Address: _____

City: _____ State: _____ Zip Code: _____

Keyholders and/or Emergency Contacts

Name: _____

Phone: (___) _____ Cellphone: (___) _____

Name: _____

Phone: (___) _____ Cellphone: (___) _____

Alarm Information

Burglar Alarm: □ Yes □ No Company's Phone #: (___) _____

Company's Address:

Fire Alarm: □ Yes □ No Company's Phone #: (___) _____

Company's Address:

Knox Box: □ Yes □ No Company's Phone #: (___) _____

Company's Address:

Hold-Up Alarm: □ Yes □ No Company's Phone #: (___) _____

Company's Address: