Village of Broadview

Business License Requirements & Procedures

1. Complete Business License Application
   (Application form and all pertinent information are available at the Village Hall or on the Village website: www.broadview-il.gov)
2. Submit the Business License application to the Building Department at the Village Hall. The application should be completed for the specific business desired.
3. Provide copies of the State Sales Tax #, FEIN # and corporation papers for the business.
4. Schedule an inspection with the Building Department-inspection fee required. A re-inspection will be needed if violations are found.
5. Once all inspections have been approved the Business License application will be forwarded to the Building Commissioner for review. After reviewing the application, it will be sent to the Mayor and the Village Board for consideration.
6. The Village Board meetings are held every 1st and 3rd Monday's of every month.
7. The Building Department will notify the applicant of the Board's decision on the application.
8. Business License will not be issued until payment is made in full.
9. Business Licenses are valid for 12 months - January 1st through December 31st of each year.
10. You must have a valid Business License to operate in the Village of Broadview.
11. Business Licenses are renewable in November of each year.
12. Unpaid fees for Business Licenses are past due effective January 1st of the following year. Business License fees are non-refundable.
13. Business Licenses approved during the year, the fees will be prorated on a monthly basis for the remainder of the calendar year.
14. Business Licenses are not transferable- either from address to address or from person to person.
15. Businesses found operating without a valid Business License will be SHUTDOWN and FINED the maximum amount as allowed by the law.

Fire Dept.	☐ __/__/__	Electrical	☐ __/__/__
Building Dept.	☐ __/__/__	Plumbing Dept.	☐ __/__/__
Health Dept.	☐ __/__/__	Village Clerk	☐ __/__/__

VILLAGE OF BROADVIEW

APPLICATION FOR BUSINESS LICENSE

☐ New Business ☐ Change of Ownership ☐ Change of Name

Date: _____

SECTION 1

Business Name _____
D/B/A _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax # _____
Email _____

FEIN NUMBER _____ **STATE SALES TAX #** _____

☐ Sole Proprietorship ☐ Partnership ☐ Not For Profit ☐ Corporation ☐ LLC

State of Incorporation _____
Name of Corporation _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax # _____
Federal License # _____ (Copy of License will be required with application)
State License # _____ (Copy of License will be required with application)

SECTION 2 – Owners/Partners/Officers

This section must be completed

NAME	TITLE	ADDRESS	CITY	STATE

I, the applicant, do hereby personally in my capacity as _____ of _____ Corporation do hereby certify and represent that I/The Corporation have not heretofore had a business license revoked by any municipality or government agency, and further state that I/the Corporation will otherwise comply with all Village Codes and other applicable Statutes and laws in the operation and conduct of the business

SECTION 3

Nature of Business _____

Brief Description _____

_____

_____

_____

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Property Owner Name _____

SECTION 4 – Business Profile

President _____

Vice President _____

Treasurer _____

Business Contacts

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Hours of Operation _____ to _____

Number of Employees _____

Seating Capacity _____ (If applicable)

Company Vehicles ☐ Yes ☐ No State of Registration _____

Vending Equipment:

☐ **Pop/Water** ☐ **Coffee** ☐ **Food/Snacks** ☐ **Candy** ☐ **Cigarettes** ☐ **Amusement**

☐ **Food Truck** ☐ **Ice Cream Truck** ☐ **Washing Machines** ☐ **Dryers** ☐ **Detergent /Bleach**

☐ **Gumball/Novelty** **STICKER NO.** _____

Hazardous Materials on Premise ☐ **Yes** ☐ **No (If yes, list Generic Name & Quantity below)**

Name _____ **Quantity** _____

Name _____ **Quantity** _____

Name _____ **Quantity** _____

SECTION 5

Property ☐ Owned ☐ Leased Lease Term _____

Building Size _____ Squared Feet _____ Parking Stalls _____

If Leased, provide the following:

Property Owner's Name _____

Address _____

City _____ State _____ Zip _____

BUSINESS LICENSES SHALL BE DISPLAYED IN A VISIBLE LOCATION

Violation of any law of the State of Illinois, the United States of America, or any ordinance of the Village of Broadview in force and effect during all or part of the period covered by any license issued pursuant to this application in the conduct of said business, will result in a revocation of the license issued hereunder

Signature _____ Date _____

Thomas Mills
Chief of Police

BROADVIEW POLICE DEPARTMENT

2350 SOUTH 25th AVENUE • BROADVIEW, IL 60155-3800
708-345-6550 Fax: 708-681-0248

Emergency Information

Business Name: _____
Address: _____
Business Phone: _____ **Fax:** _____
Business Email: _____
Alarm Company: _____ **Phone:** _____
Business Hours: Mon. _____ **Tues.** _____ **Wed.** _____ **Thurs.** _____
Fri. _____ **Sat.** _____ **Sun.** _____

Key holders to be contacted, please list as many as possible.

(please list in the order you wish calls to be made for after hour emergencies. Be sure to include area codes.)

#1 Name _____ **Home Phone** _____
Address _____ **Cell phone** _____
City/State _____

#2 Name _____ **Home Phone** _____
Address _____ **Cell phone** _____
City/State _____

#3 Name _____ **Home Phone** _____
Address _____ **Cell phone** _____
City/State _____

#4 Name _____ **Home Phone** _____
Address _____ **Cell phone** _____
City/State _____

#5 Name _____ **Home Phone** _____
Address _____ **Cell phone** _____
City/State _____