VILLAGE OF NORTHBROOK
Development & Planning Services
1225 Cedar Lane, Northbrook, IL 60062
Telephone: 847.664.4050
E-mail: businesslicense@northbrook.il.us
Website: www.northbrook.il.us

2026 BUSINESS LICENSE APPLICATION

☐ New Business ☐ Annual License Renewal ☐ Ownership Change ☐ Address Change ☐ Business Name Change

*****All fields must be completed or marked N/A if not applicable*****

If your business is new to Northbrook please complete the Zoning Analysis Form linked here.

If you are an existing business renewing your annual business license please check one of the following boxes:

☐ No changes to business operations.

☐ Modified business operations to expand offerings or work performed.

☐ Expanded business into larger space.

Business Information

***Northbrook* Business Name**:_____ **D/B/A** _____

***Northbrook* Business Address**:_____**Suite:**_____

City/Zip (*if not Northbrook*)_____

Type of Business:_____

_____

Business Phone #:_____ ***Business* Email**: _____

Business Website: _____

Sales Tax (IBT) #:_____

What is the Floor Area of the place of business in square feet? _____ **Sq.Ft.***

*Retail/Grocery businesses of 3,000 square feet or greater are required to charge ten cents per single-use (paper or plastic) bag. See www.northbrook.il.us/1125/Single-Use-Bag-Tax-for-Businesses for details about the ordinance and instructions for remittance and reporting. If you have further questions please contact the Sustainability Coordinator at sustainability@northbrook.il.us.

Business Primary Contact Information:

Name:_____ **Phone #:**_____ **E-mail:**_____

Form of Business: ☐ Partnership ☐ Corporation ☐ Limited Liability Company

Owner or Principal Officer:_____***Personal* Phone:**_____

Address:_____**City/State:**_____**Zip:**_____

Owner or Principal Officer: _____ ***Personal* Phone:** _____

Address: _____**City/State:**_____**Zip:**_____

Billing Information (*For RENEWAL- If there's no change from last year, mark box.* **NO CHANGE:** ☐

Contact Name:_____

Address:_____ **City/State:**_____ **Zip:**_____

Phone:_____ **E-mail:**_____

Illinois has a Freedom of Information Act pertaining to public records. Most written communications (including any "Business Information" or "Billing Information" identified on this application) to or from village officials and staff could be considered public records which would be available to the public and media upon request. Include only that information related strictly to the business.

Building Owner Information (*For RENEWAL- If there's no change from last year, mark box.* **NO CHANGE:** ☐

Owner/Property Manager Name: _____

Address:_____ **City/State:**_____ **Zip:**_____

Phone:_____ **Email:**_____

Outdoor Dining (*For RENEWAL- If there's no change from last year, mark box.* **NO CHANGE:** ☐

Primary Contact Name: _____

Phone:_____ **Email:**_____

If there are any changes (location, layout, size, etc.) from the latest approved outdoor dining permit on file with the Village, a new Outdoor Dining Permit Application is required which must include plans showing the proposed changes.

Falsification or omission of any information on this application may be grounds for denial or revocation.

- ✓ **Has the applicant(s) been convicted of a felony?** **No** ☐ **Yes** ☐
- ✓ **Has the applicant(s) been convicted of any crime of moral turpitude?** **No** ☐ **Yes** ☐
- ✓ **Has the applicant(s) unsuccessfully defended a civil proceeding wherein he or she was charged with fraud, misrepresentation or unscrupulous business practices?** **No** ☐ **Yes** ☐

****If you answer YES to any of the questions above, please provide additional information:

AFFIDAVIT

I (we) swear and affirm that I (we) will not violate any of the Ordinances of this Village or the laws of the State of Illinois or of the United States of America in the conduct of the place of business described in this application and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Date: _____ ***Signature of Business Owner or Manager:*** _____