

ZONING _____ REGISTRATION# _____

DATE OF APPLICATION _____

**CITY OF CREST HILL
APPLICATION FOR YEARLY BUSINESS REGISTRATION**

BUSINESS NAME: _____

PHONE# () _____

STREET ADDRESS _____

(unit # if applicable) _____

CITY/STATE/ZIP _____

MAILING ADDRESS (if different from above) _____

BUSINESS E-MAIL ADDRESS _____

BUSINESS WEBSITE ADDRESS _____

HOURS OF OPERATION _____

NUMBER OF EMPLOYEES _____

SALES OR OCCUPATION TAX# _____

FEDERAL TAX ID# _____

TYPE OF BUSINESS BEING CONDUCTED OR SERVICES OFFERED.
(example: Restaurant, Bar, Clothing Store, Retail Store, Grocery Store, Pawn, Jewelry, etc.)

Do you wish to have your business listed in our online directory: YES/NO

PLEASE LIST THE NAMES AND ADDRESSES OF ALL OWNERS OR PARTNERS OR
OFFICERS OF THE COMPANY.

NAME _____

ADDRESS _____

PHONE#() _____

NAME _____

ADDRESS _____

PHONE#() _____

NAME _____

ADDRESS _____

PHONE # () _____

NAME _____

ADDRESS _____

PHONE # () _____

PLEASE NOTE

The City of Crest Hill requires that all owners or partners provide the City with a Copy of a State Drivers License or State picture ID card. Without proper identification. A business license will not be issued. There will be no exceptions to this rule.

PLEASE READ THE FOLLOWING AND COMPLETE THE SECTION OR SECTIONS THAT PERTAIN TO YOUR COMPANY:

| | |
|--|--------|
| Do you have a burglar alarm: | YES/NO |
| Do you have amusement/video machines: | YES/NO |
| Do you have vending machines: | YES/NO |
| Do you serve any type of food or beverages (prepackaged or fresh): | YES/NO |
| Do you have any company vehicles that are kept in the City: | YES/NO |

If you have answered dyes to any of the above questions there are further forms that need to be completed and fees paid. These can be obtained through the City Clerk's Office, 1610 Plainfield Road. For further information please call (815) 741-5100.

Ordinance #810

Signature of Applicant

Once you have completed this application it will be turned over to the Crest Hill Building Department. Prior to the license being issued the following will be done:

-The Building Inspector will check the zoning of the property to make sure that it is proper for the type of business you would like to open.

-An inspection is required by the code enforcement officer and Lockport Fire Department prior to operating the business. Please contact the Code Enforcement Officer regarding these Inspections at (815) 741-5122.

-If you are renting a business location, you must check with the Water Department at (815) 741-5104 to set up water service and to check on the rules and regulations.

-If you are a new business, not including residential businesses, or you are an existing business moving to a new location, you must proved a floor plan to determine building requirements and/or fire department requirements. This drawing need not to be done by an architect or engineer but must be ¼ scale and neatly drawn and it must show layout, shelving, exit signs, fire extinguishers, etc.

Business Code #

Business Name:

Address:

Business Telephone #

Fax Number:

Email Address:

Business Owner:

Home Telephone #

Cell #

Other:

Alarm System (Y/N)

Alarm Company Name:

Guard Dog (Y/N)

Hazardous Material (Y/N)

Type of HAZMAT:

#1 Keyholder Name:

#1 Keyholder Telephone#:

#1 Keyholder Cell#

#2 Keyholder Name:

#2 Keyholder Telephone#:

#2 Keyholder Cell#: