



1610 Plainfield Rd.  
Crest Hill, IL 60403  
(815) 741-5100

<b>Office Use Only</b>	
<b>Business License Application</b>	
<input type="checkbox"/>	Commercial Business \$50.00
<input type="checkbox"/>	Residential Business (Home-Based) \$25.00
Zoning: _____	
License No. _____	
Received: _____	

- New Business     Renewal (Existing Business)
- Change of Ownership     Change Business Name     Change of Location

**PLEASE COMPLETE ALL SECTIONS BELOW**

Business Name: \_\_\_\_\_  
(Legal name including DBA)

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_  
\_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_

Business Social Media Account: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Federal Tax # (FEIN): \_\_\_\_\_ Sales/Occupations Tax #: \_\_\_\_\_

Sole Proprietor    Date the business first opened: \_\_\_\_\_

- Type of Business Being Conducted or Services Offered:  Advertising/Media     Auto Sales     Auto Repair     Bank  
 Car Wash     Counseling     Daycare Center     Education     Financial     Gas Station     General Contractor/Construction  
 Grocery/Convenient Store     Personal Care     Health Care     Home Office     Hotel/Motel     Insurance Agency  
 Landscaping     Laundromat     Legal Services     Manufacturing     Marketing/Online Sales     Political     Real Estate  
 Religious Center     Restaurant     Retail/Secondhand Store     Staffing Agency     Storage     Tobacco/Smoke Shop  
 Travel Agency     Trucking/Logistics     Veterinary Services     Warehouse/Packaging/Distribution

Other: \_\_\_\_\_

**If you are renting or leasing a property, please provide the owner of the property information below:**

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person Name/Phone # \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

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See Attached List

**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 have a Food Establishment:	YES	NO
Do you have a Secondhand Store:	YES	NO

Notes: **PLEASE READ**

<b>Business licenses are valid until January 31<sup>st</sup></b>
<b>The City's Sales Tax Rate is 8%</b>
<b>Business licenses will not be issued until all required inspections have been approved</b>
<b>License regulations are available at <a href="http://www.cityofcresthill.com">www.cityofcresthill.com</a> under Title 5 of the Code of Ordinances</b>
<b>Sign regulations (permanent or temporary) can be found under Title 15 Section 15.12</b>
<b>If you require a tobacco or liquor license, please complete the applications and requirements</b>
<b>If you require a building permit, please contact the Building Department at 815-741-5106. Information is also available under Title 15 Section 15.05</b>
<b>If you are opening a food establishment, please contact the Will County Health Dept to schedule an inspection. An approval will be needed before issuing a business license</b>
<b>If you require any additional licenses, such as: burglar alarm, secondhand store, amusement/vending, etc., please contact the Clerk's Office at 815-741-5100. Applications are also available on our website under Departments → Clerk's Office. Please complete the additional applications, and submit additional fees</b>
<b>If you are conducting a Thrift/Secondhand Store/Junk Peddler, you must register with the LeadsOnline Database implemented by the City of Crest Hill's Police Dept. You can register online at <a href="http://www.leadsonline.com">www.leadsonline.com</a></b>
<b>Home-Based Businesses must comply with the City of Crest Hill requirements</b>

Once you have completed this application, the Building Department, Economic Development Department, and the Water Department will be notified. Prior to a license being issued the following will need to be done: **PLEASE READ**

<b>Zoning of the property has been verified by the Building Department for the type of business you would like to conduct</b>
<b>Contact the Building Department to set up an inspection: 815-741-5106</b>
<b>Inspections are required by the Building Inspector and the Lockport Fire Department prior to operating the business</b>
<b>If applicable: please contact the Will County health Dept. to schedule an inspection.</b>
<b>Complete and submit any additional applications necessary along with the fees</b>
<b>If you are a new business (excluding Home-Based businesses) you must provide a floor plan to determine building requirements and/or Fire Dept. requirements. This drawing will need 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. Please provide to the Building Dept for review</b>

**NEW BUSINESSES:**

**PLEASE READ AND COMPLETE THE ATTACHED DOCUMENT: NON-RESIDENTIAL WASTEWATER SURVEY (If you need an explanation to the questions below, please contact 815-723-8671; M-F 7am – 3:30pm)**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)