

**VILLAGE OF CARPENTERSVILLE
APPLICATION FOR REGISTRATION OF BUSINESS**

Date of Application: _____
Business Legal Name: _____
Doing Business As (*Common Name*): _____
Business Location: _____
Business Phone No.: _____ Fax No.: _____
Website Address: _____ Email: _____

CORPORATE INFORMATION IF APPLICABLE:

Address: _____
City/State/Zip Code: _____
Telephone No.: _____ Fax No.: _____
To who's Attention: _____

OWNERSHIP TYPE AND CONTACT INFORMATION:

_____ If Sole Proprietorship, list information for the sole owner/operator.
_____ If Partnership, list information for all Managing Partners (Use another sheet of paper if needed)
_____ If Corporation, list information for the president and Chief Financial Officer.

Name: _____
Residence Address: _____
City/State/Zip Code: _____
Residence Telephone No.: _____ Cell No.: _____
Email: _____

Name: _____
Residence Address: _____
City/State/Zip Code: _____
Residence Telephone No.: _____ Cell No.: _____
Email: _____

PROPERTY OWNER (Physical Address must be used)

Name: _____
Residence Address: _____
City/State/Zip Code: _____
Residence Telephone No.: _____ Cell No.: _____
Email: _____

NATURE OF BUSINESS OR TYPE:

_____ Store or Office _____ Vending/Amusements _____ Other
_____ Home Occupation _____ Food Service _____ State Licensed Professional

Number of Employees: _____

List items or commodities to be sold or ordered (be specific):

Will items be sold on the premises? _____ Yes _____ No
Will deliveries be made to the business address? _____ Yes _____ No
Are Tobacco products sold over the counter? _____ Yes _____ No
Is business registered with the Department of Revenue? If yes, furnish tax. No.: _____

Please furnish the name, street address, city, state, zip code and phone number for at least three employees who should be notified by the Police or Fire Department in case of an emergency:

Name: _____
Address/City/State/ Zip Code: _____
Phone No.: _____ Alternate No.: _____

Name: _____
Address/City/State/ Zip Code: _____
Phone No.: _____ Alternate No.: _____

Name: _____
Address/City/State/ Zip Code: _____
Phone No.: _____ Alternate No.: _____

PRINT NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER OF APPLICANT

Signature: _____ Date: _____



Village of Carpentersville License No.: _____ Issued by: _____ Fee Paid: _____