



BUSINESS LICENSE APPLICATION

Village of Morton Grove
6101 Capulina Avenue
Morton Grove, Illinois 60053

PLEASE TYPE OR PRINT CLEARLY

- New Business
- Renewal Update
- Existing Business

- Name Change
- Ownership Change
- Address Change
- Change in Size (sq ft)

Application Date: _____

Anticipated

Opening Date: _____

1. BUSINESS INFORMATION

Business Name (dba) _____ Business Phone No. _____

Address _____ Business Fax No. _____

Morton Grove, Illinois 60053

Website _____ E-Mail _____

Corporate Name (If other than above) _____

Corporate Billing Address (If other than above)

Street	City	State	ZIP	Telephone
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2. BUSINESS OWNER INFORMATION

- Individual Business
- Partnership
- Private Corporation
- Public Corporation
- Association
- Other

Owner's Name (s) _____ Title _____

Address _____
Street City State ZIP

Home Phone _____ Other Phone _____

E-mail _____

If business is NOT owner of the property, provide landlord contact information below

Name _____ Phone _____

Address _____
Street City State ZIP

3. EMERGENCY CONTACT INFORMATION

NAME	TITLE / POSITION	CITY / STATE	PHONE
1.			
2.			
3.			

Alarm System Information: Do you have a burglar alarm system? YES NO

If YES, please contact the Police Department at 847-470-5208 to register the alarm system.

4. LICENSING INFORMATION

Federal Tax ID Number (FEIN)	IL Business Tax Number (IBT)	Is the IBT issued to a different location? If so, where?
_____	_____	_____

Description of Business: _____

NORMAL BUSINESS HOURS:
(not required for Home Occupations)

Monday	_____ until _____	Friday	_____ until _____
Tuesday	_____ until _____	Saturday	_____ until _____
Wednesday	_____ until _____	Sunday	_____ until _____
Thursday	_____ until _____	Holiday	_____ until _____

Year opened in this location _____ Year business started _____

Is this your only location? Yes No Number of employees _____

Size of Business Location _____ Sq Ft NAICS code _____

5. AFFIDAVIT

I hereby certify that I am a duly authorized agent of the business making this application and that I am empowered to bind said business to all terms and conditions of the license. I understand that the issuance of the license and the license's continuation is conditioned upon compliance with all applicable codes, ordinances and laws.

I agree to pay all fees associated with the license and to submit the premises to inspections in accordance with all codes and ordinances. I understand that failure to comply with all applicable ordinances and laws may result in revocation of the license and the privilege to conduct business in the Village of Morton Grove. I hereby affirm that all information on this application is complete and truthful to the best of my knowledge.

Applicant Signature: _____ Printed Name: _____

Title of Applicant: _____ Date: _____

6. PAYMENT OF FEES Please include initial payment based on the fee schedule on the following page. This payment will be applied to your account. If application is denied, this payment will be returned to you, less a \$50 processing fee. Checks should be made payable to the "Village of Morton Grove."

Fee Schedule (based on square foot area of business)

"FOOD ESTABLISHMENT" A building or premises or a portion thereof which is used for the sale or dispensing or distribution or serving of food or foodstuff for consumption on or off the premises including, but not limited to, restaurants, delicatessens, mini-marts, catering establishments, and supermarkets.

<input type="checkbox"/>	0	-	1,000	\$ 100
<input type="checkbox"/>	1,001	-	2,500	150
<input type="checkbox"/>	2,501	-	5,000	200
<input type="checkbox"/>	5,001	-	10,000	250
<input type="checkbox"/>	10,001	-	20,000	350
<input type="checkbox"/>	20,001	-	over	400

"SERVICE ESTABLISHMENTS" A building or premises or a portion thereof which is used for the business of rendering personal and commercial services.

<input type="checkbox"/>	0	-	1,000	\$ 100
<input type="checkbox"/>	1,001	-	2,500	150
<input type="checkbox"/>	2,501	-	5,000	200
<input type="checkbox"/>	5,001	-	10,000	250
<input type="checkbox"/>	10,001	-	over	300

"RETAIL, WHOLESALE" A building or premises or portion thereof which is used for the retail sale, rental, lease or distribution of material goods or personal property not included with or related to the sale, rental, or lease or material goods or personal property incidental to the provision of services at food or service establishments. ; **OR**

"WAREHOUSES" Any building, enclosure, structure or establishment not otherwise specifically defined and licensed by this code, used for the storing of goods, wares, or commodities for hire or compensation, or for the storage, assembling, or forwarding of goods, wares, or commodities in connection with or as part of any establishment or business which is not specifically defined and licensed by this code including, but not limited to, industrial warehouse, public storage, and public storage lockers.

<input type="checkbox"/>	0	-	1,000	\$ 100
<input type="checkbox"/>	1,001	-	2,500	150
<input type="checkbox"/>	2,501	-	5,000	200
<input type="checkbox"/>	5,001	-	10,000	250
<input type="checkbox"/>	10,001	-	20,000	300
<input type="checkbox"/>	20,001	-	30,000	400
<input type="checkbox"/>	30,001	-	over	500

"MANUFACTURING" The assembly, fabrication, treatment, processing, rebuilding, blending, or molding of materials into a more finished product.

<input type="checkbox"/>	0	-	5,000	\$ 200
<input type="checkbox"/>	5,001	-	10,000	250
<input type="checkbox"/>	10,001	-	20,000	300
<input type="checkbox"/>	20,001	-	30,000	400
<input type="checkbox"/>	30,001	-	50,000	500
<input type="checkbox"/>	50,001	-	over	600

"BUSINESS AND FACILITIES FOR STATE LICENSED PROFESSIONALS" Establishment, building, premises or portion thereof, which is used for the business of rendering professional services including, but not limited to, health, medical or dental care, insurance, legal affairs, real estate, brokering, architecture, and accounting by professional persons licensed by the State of Illinois.

<input type="checkbox"/>	0	-	1,000	\$ 100
<input type="checkbox"/>	1,001	-	2,500	150
<input type="checkbox"/>	2,501	-	5,000	200
<input type="checkbox"/>	5,001	-	10,000	250
<input type="checkbox"/>	10,001	-	over	300

"HEALTH CLUB" A business either selling memberships as a condition of entry, or open to the general public which provides services and facilities assisting the individual with physical conditioning, programs to reduce or lose body weight and/or offer tanning services. Health clubs or centers may, but are not limited to, offering exercise equipment, body building equipment, exercise rooms, aquatic facilities, weight reducing programs, or tanning beds.

<input type="checkbox"/>	0	-	5,000	\$ 250
<input type="checkbox"/>	5,001	-	10,000	500
<input type="checkbox"/>	10,001	-	20,000	1,000
<input type="checkbox"/>	20,001	-	40,000	1,500
<input type="checkbox"/>	40,001	-	60,000	2,000
<input type="checkbox"/>	60,001	-	over	2,500

"HOME OCCUPATIONS" An allowable gainful occupation or profession conducted by a member of the immediate family residing on the premises and where the business or profession is conducted wholly within the dwelling.

All Home Occupations \$ 100

The initial fee for businesses opening after November 1st will be reduced by 50%.
Full payment will be due in subsequent renewal years.

SPECIAL BUSINESS ACTIVITIES AND MACHINES:

These special fees apply to businesses not identified in the previous fee schedule and are also required in addition to the fee schedule where the special activity takes place in addition to the general use identified in the fee schedule.

<input type="checkbox"/> Alarm Installation	\$150	<input type="checkbox"/> Contractors	\$100
<input type="checkbox"/> Animal Exhibitions, per day (# ____)	100	<input type="checkbox"/> Convalescent or Nursing Homes	750
<input type="checkbox"/> Animal Hospital	250	<input type="checkbox"/> Express or Delivery Service, per Vehicle (# ____)	50
<input type="checkbox"/> Auctioneer, per day (# ____)	100	<input type="checkbox"/> Food/Beverage Delivery Vehicles, per Vehicle (# ____)	100
<input type="checkbox"/> Auctioneer, per year	250	<input type="checkbox"/> Horse Stables/Riding Academy	250
<input type="checkbox"/> Automobile Car Wash, Automatic, Stand Alone	300	<input type="checkbox"/> Kennels, Animal Shelters, 1 - 5 Animals	125
<input type="checkbox"/> Automobile Car Wash, Automatic, with Other Business	150	<input type="checkbox"/> Kennels, Animal Shelters, 6 - 10 Animals	150
<input type="checkbox"/> Automobile Car Wash, Nonautomated	100	<input type="checkbox"/> Kennels, Animal Shelters, 11 - 20 Animals	175
<input type="checkbox"/> Billiard/Pool Tables, per table in excess of 2 (# ____)	25	<input type="checkbox"/> Kennels, Animal Shelters, 21 - 30 Animals	200
<input type="checkbox"/> Bowling Alleys	100	<input type="checkbox"/> Kennels, Animal Shelters, Over 30 Animals	250
<input type="checkbox"/> Bowling Alleys, per alley exceeding 2 (# ____)	25	<input type="checkbox"/> Laundromats, First 10 units	100
<input type="checkbox"/> Gasoline Service Station, per nozzle (# ____)	25	<input type="checkbox"/> Laundromats, per machine over 10 (# ____)	10
 		<input type="checkbox"/> Massage Therapy Establishment	500
Coin Operated/Vending Machines, per machine:		<input type="checkbox"/> Motel/Hotel, per Rental Unit (# ____)	10
<input type="checkbox"/> \$0.01 - \$0.09 (# ____)	\$10	<input type="checkbox"/> Pawnbroker	350
<input type="checkbox"/> \$0.10 - \$0.24 (# ____)	15	<input type="checkbox"/> Private Parking Lot/Garage for Profit, per space (# ____)	75
<input type="checkbox"/> \$0.25 - \$0.49 (# ____)	25	<input type="checkbox"/> Rooming House, 1-5 rooms for rent	250
<input type="checkbox"/> \$0.50 or more (# ____)	40	<input type="checkbox"/> Rooming House, over 5, per room (# ____)	50
<input type="checkbox"/> Automatic Music Devices	75	<input type="checkbox"/> Solid Waste Collector, Private	250
<input type="checkbox"/> Bulk Machines, 2 - 4 per stand (# ____)	40	<input type="checkbox"/> Tobacco Dealers, Over the Counter Sales	250
<input type="checkbox"/> Over 4 on one stand, each additional (# ____)	15	<input type="checkbox"/> Taxicabs, per Cab (# ____)	75
<input type="checkbox"/> Cigarette Machines, First Machine	200	<input type="checkbox"/> Video Rentals, 0 - 1000 sq ft	100
<input type="checkbox"/> Cigarette Machines, per Additional Machine (# ____)	125	<input type="checkbox"/> Video Rentals, 1001 - 3000 sq ft	150
<input type="checkbox"/> Coin Operated Rides or Skill Machines (# ____)	100	<input type="checkbox"/> Video Rentals, 3001 - 5000 sq ft	200
<input type="checkbox"/> Dry Cleaning Machines (# ____)	25	<input type="checkbox"/> Video Rentals, over 5000 sq ft	250
<input type="checkbox"/> Ice Cube Machines (# ____)	25		
<input type="checkbox"/> Plastic Sealer Machines (# ____)	25		
<input type="checkbox"/> Postage Stamp Machines (# ____)	25		
<input type="checkbox"/> Video Games (# ____)	100		

Special applications are needed for liquor licenses and burglar alarms. Call 847-965-4100 for information.

The following section for Village Use Only

INSPECTIONS & APPROVALS

Total Fee \$ _____

By the indications below, this business has been reviewed, inspected and approved as a holder of a business license in the Village of Morton Grove by being in substantial compliance with the Municipal Code. The issuance of a business license does not relieve the license-holder from complying with all applicable rules and requirements of the Village's Municipal Code. Failure to fully comply with these rules and requirements may result in the suspension or revocation of the business license.

	<u>Not</u> <u>Applicable</u>	<u>Approved</u>	<u>Approved with conditions</u>			
Building Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	Date	_____	Initials _____
Health Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	Date	_____	Initials _____
Fire Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	Date	_____	Initials _____
Police Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	Date	_____	Initials _____
Administration Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	Date	_____	Initials _____
Zoning District _____			Special Use Ordinance _____			