



VILLAGE OF BURNHAM

14450 Manistee Avenue

Burnham, Illinois 60633

villageofburnham@villageofburnham.com

Phone: 708-862-9150 Fax: 708-862-9155

Robert E. Polk- Mayor Lus E. Chavez-Clerk

License No. _____

Date Issued: _____

Expiration: _____

Fees: _____

Date of application: _____

Business License Application

APPLICANT: _____ PHONE: _____

BUSINESS NAME: _____

EIN NUMBER: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

CITY / STATE/ZIP: _____

EMAIL ADDRESS: _____ ALTERNATE PHONE: _____

TYPE OF BUSINESS: _____

OWNER INFORMATION:

Name: _____ Phone: _____

Address: _____ CITY / STATE/ZIP: _____

Sole Owner If applicable: Business DBA _____

Has assumed name been filed with Cook County Clerk? No Yes Date File: _____

(Submit copy of certified Certificate issued by Cook County Clerk)

Type of Business: _____

Retailers' Occupation Tax Registration No. _____

Partnership Number of Partners: _____ Date of Formation _____

Illinois Corporation Date of Incorporation _____

Limited Liability Corporation Date of Incorporation _____

Foreign Corporation State of Corporation _____ Business Qualified Date _____

Are there any other businesses you now or previously have owned/operated in Burnham, IL? _____

If yes, list : _____ Type: _____

_____ Type: _____

Do you own or lease business property? No Yes; Include copy of current lease.

Building Own Lease Square Foot Area: _____

Land Own Lease Square Foot Area: _____

Computation of square footage shall be included the entire floor area and any adjacent areas used as an integral part of the necessary operation of business

Name of Owner: _____

Address of Owner: _____ Phone: _____

City / State / Zip: _____

Name of Lessor: _____

Address of Lessor: _____ Phone: _____

City / State / Zip: _____

Emergency Contact: _____ Phone: _____

Do you have an alarm system? _____ Alarm Company _____

Number of Vehicles owned and operated by the business: _____ Cars / _____ Trucks
Year / Make/Model State & License No.

Has applicant had a license in this or another State revoked or suspended? No Yes

If **Yes**, state reason for suspension or revocation, city and state, and the business activity or occupation of applicant. Explain in detail: _____

Are you indebted or obligated in any manner to the Village of Burnham? No Yes

Will you have vending machines? No Yes List type and number of machines:

Number _____ Type _____

Number _____ Type _____

Number _____ Type _____

Number _____ Type _____

BUSINESS LICENSE APPLICATION – REQUIRED DOCUMENTS

Annual Fee \$ _____ Inspection Fee(s) \$ _____

**** Business Licenses are not transferable ****

**** Business Licenses are not renewable-must reapply each year ****

**** Notify the Clerk’s Office of any Business Changes ****

- Sole Owner:** **v-Needed**
 - ___ Current State ID or Driver’s License of Owner
 - ___ EIN issued from Internal Department of Revenue
 - ___ Cook County Clerk Registration
 - ___ State of Illinois-Certificate of Good Standing
 - ___ Current Lease
 - ___ Current Liability Insurance

- Partnership:****v-Needed**
 - ___ General Partnership Agreement
 - ___ Current State ID or Driver’s License of partner(s)
 - ___ EIN issued from Internal Department of Revenue
 - ___ Cook County Clerk Registration
 - ___ State of Illinois-Certificate of Good Standing
 - ___ Current Lease
 - ___ Current Liability Insurance

- Illinois Corporation:** **v-Needed**
 - ___ Current State ID or Driver’s License of member(s)
 - ___ EIN issued from Internal Department of Revenue
 - ___ Cook County Clerk Registration
 - ___ State of Illinois- Articles of Incorporation
 - ___ State of Illinois-Certificate of Good Standing
 - ___ Operating Agreement
 - ___ Current Lease
 - ___ Current Liability Insurance

- Limited Liability Corporation:** **v-Needed**
 - ___ Current State ID or Driver’s License of member(s)
 - ___ EIN issued from Internal Department of Revenue
 - ___ Cook County Clerk Registration
 - ___ State of Illinois- Articles of Incorporation
 - ___ State of Illinois-Certificate of Good Standing
 - ___ Operating Agreement
 - ___ Current Lease
 - ___ Current Liability Insurance

- Foreign Corporation:** **v-Needed**
 - ___ Current State ID or Driver’s License of member(s)
 - ___ EIN issued from Internal Department of Revenue
 - ___ Cook County Clerk Registration
 - ___ State’s- Articles of Incorporation
 - ___ State of Illinois-Certificate of Good Standing
 - ___ Operating Agreement
 - ___ Current Lease
 - ___ Current Liability Insurance

AFFIDAVIT

I, (We), the undersigned Applicant, swear (or affirm) that the statements and information contained in the foregoing Business License Application are true and correct, are made upon my (our) personal knowledge, and are made for the purpose of inducing the Village of Burnham to issue the herein applied for Business License.

Signature Required: Sole Owner

Signature Date

Print Name

Signatures Required: Partnership

Signature Date

Print Name / Title

Signature Date

Print Name / Title

***** All applications must be notarized *****

STATE OF _____)
) SS.
COUNTY _____)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT _____ personally known to me to be the person(s) whose name(s) _____ subscribed to the foregoing instrument, appeared before me this day in person. Subscribed and sworn to before me this _____ day of _____, 2018.

(Notary Seal)

Notary Public

My Commission Expires:

AFFIDAVIT

I, (We), the undersigned Applicant, swear (or affirm) that the statements and information contained in the foregoing Business License Application are true and correct, are made upon my (our) personal knowledge, and are made for the purpose of inducing the Village of Burnham to issue the herein applied for Business License.

Signatures Required: **Illinois Corporation Name** _____

Corporate Seal

Signature

Print Name / Title Date

Signature

Print Name / Title Date

Signatures Required: **Limited Liability Corporation** _____

Signature Date

Print Name / Title

Signature Date

Print Name / Title

Signature Required: **Foreign Corporation**

Signature Date

Print Name

**** All applications must be notarized ****

STATE OF _____)
) SS.
COUNTY _____)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT
_____ personally known to me to be the person(s)
whose name(s) _____
subscribed to the foregoing instrument, appeared before me this day in person.
Subscribed and sworn to before me this _____ day of _____, 2018.

(Notary Seal)

Notary Public

My Commission Expires:
