

New Business \_\_\_ Renewal \_\_\_  
Fee \$25.00 Date of Application \_\_\_\_\_



VILLAGE OF  
**PEOTONE**

**APPLICATION FOR BUSINESS REGISTRATION**

**1. Name of Business:** \_\_\_\_\_

Phone No.: \_\_\_\_\_ P.O. Box \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Website : \_\_\_\_\_

**2. Name of Business Owner(s):** (Include all principals)

Name and Home Address of Business Owner #1: \_\_\_\_\_

\_\_\_\_\_

P.O. Box \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency/ After Hours Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name and Home Address of Business Owner #2:

\_\_\_\_\_

P.O. Box \_\_\_\_\_ Day Phone: \_\_\_\_\_

Emergency/After Hours Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**3. Name of Business Manager:** \_\_\_\_\_

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

P.O. Box \_\_\_\_\_ Day Phone: \_\_\_\_\_

Emergency/After Hours Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**4. Name of Property Owner(s):** \_\_\_\_\_

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

P.O. Box \_\_\_\_\_ Day Phone: \_\_\_\_\_

Emergency/After Hours Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**5. General Nature of Business (Choose one):**

Retail                       Service                       Food Service                       Manufacturing  
 Distribution                       Non-Profit                       Home Occupation                       Other

**6. 5a. Seating Capacity if applicable:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**7. Specific Nature of Business (Please describe):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**8. Level of Business at this Location: Check one**

Corporate Headquarters     Division Headquarters     Franchise  
 Partnership                       Individual Business

**9. Sales or Occupational Tax Number:** \_\_\_\_\_

**10. Days and Hours of Operation:** \_\_\_\_\_

**11. Occupancy Date:** \_\_\_\_\_

**12. Number of Employees (other than owner):** \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**13. Square Footage of Premises:** \_\_\_\_\_ (to nearest 100 square feet)

**14. Has any License or Registration issued to the Applicant ever been Suspended, Revoked, or Cancelled?**

Yes                       No                      If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**15.Does Your Business Include?**

**a. Video Gaming Machines**

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how many? \_\_\_\_\_

**b. Coin Operated Amusement Devices (Non Video Gaming)** Yes. \_\_\_\_\_ No \_\_\_\_\_

If Yes, how many? \_\_\_\_\_

**c. Coin-Operated Food/Beverage Machines:** Yes. \_\_\_\_\_ No \_\_\_\_\_

If Yes, how many? \_\_\_\_\_

**C. Sale of Tobacco Products:** Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, in what manner? \_\_\_\_\_ Vending Machine \_\_\_\_\_ Over-the Counter

**D. Sale of Liquor Products:** Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, in what manner? \_\_\_\_\_ Package Liquor \_\_\_\_\_ By the Drink \_\_\_\_\_ With a Meal

**E. Juke Boxes:** Yes \_\_\_\_\_ No \_\_\_\_\_

**F. Adult Use/Drug Paraphernalia:** Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered Yes to any question in Part 14, additional licenses may be required by Village of Peotone ordinances regulating such uses. Applications may be obtained at the Village Hall.

Please review these questions and check **yes** or **no**. If you check **yes** to any of the questions, you will be required to go through the associated Commission and/or staff review process. For further information contact the Village Hall at 708-258-3279.

Are you modifying an existing sign or installing a new sign Yes \_\_\_\_\_ No \_\_\_\_\_

Describe Sign: \_\_\_\_\_

(Note: Building permits are required for signs and/or renovations.)

Are you modifying the exterior facade of a building? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you changing or adding landscaping or lighting to your site? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you remodeling the interior of a building? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you proposing a carry-out restaurant or outdoor dining? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you proposing a new building, building addition, modification to fencing, garbage enclosure, parking lot or drainage? Yes \_\_\_\_\_ No \_\_\_\_\_

How will deliveries be made?  
\_\_\_\_\_

Where will customers park? \_\_\_\_\_

If this is a renewal, how many years have you been operating this business in Peotone? \_\_\_\_\_

**TO THE BUSINESS REGISTRATION APPLICANT:**

**It is imperative that this application be filled out in its entirety, regardless of whether it is a new application or a renewal. Please read the following and sign where indicated prior to submitting your application at the Village Hall.**

This application will be reviewed by the Village Staff. All registrations shall be subject to all applicable laws, ordinances, rules, and regulations of the Village of Peotone.

Approximately fourteen (14) days will be required for Village review before a business registration can be issued.

Return completed application form to the Village Clerk, Peotone Village Hall, 208 E. Main Street, P.O. Box 430, Peotone, IL 60468. (708) 258-3279. Faxed copies will not be accepted.

I hereby swear that all of the information provided within this application for a business registration is true and correct to the best of my knowledge and that I am authorized to complete this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPROVED:**

\_\_\_\_\_  
Village Administrator                      Date

\_\_\_\_\_  
Village Clerk                      Date