Fee: $25.00

A Certificate of Registration is required for all businesses (except home occupations) located within the village. The completed form and fee should be submitted to the Village Clerk at the Village Hall or by mail. Each business registration must be submitted for renewal by May 1st of each year.

Registration applications for businesses filing for the first time in Peotone are placed on the next Village Board agenda. The Village Board meets the second and fourth Monday of the month, and information must be completed and submitted to the Village Clerk at least five business days prior to the next meeting.

Renewal applications which have had no significant changes in information from the prior year are processed administratively and do not go before the Village Board.

208 East Main Street
P.O. Box 430
Peotone, IL 60468
708-258-3279
Village of Peotone  
208 E. Main St. - P.O. Box 430 • Peotone, Illinois 60468  
708-258-3279 • Fax 708-258-3850

APPLICATION FOR BUSINESS REGISTRATION

Your proposed business must be a permitted use within the zoning district in which the property is located in accordance with the Peotone Zoning Ordinance. For verification, please call 708-258-3279

1. Name of Business: ____________________________

   Phone No.: __________ P.O. Box __________ Address: ____________________________

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: ____________________________

   Name and Home Address of Business Owner #2: ____________________________

   P.O. Box _______ Day Phone: ____________________________

   Emergency / After Hours Phone: ____________________________

   Cell: ____________________________

3. Name of Business Manager: ____________________________

   Home Address: ____________________________

   P.O. Box _______ Day Phone: ____________________________

   Emergency / After Hours Phone: ____________________________

   Cell: ____________________________

4. Name of Property Owner(s): ____________________________

   Address: ____________________________

   P.O. Box _______ Day Phone: ____________________________

   Emergency / After Hours Phone: ____________________________

   Cell: ____________________________

5. General Nature of Business (Choose one):

   _______ Retail  _______ Service  _______ Food Service  _______ Manufacturing

   _______ Distribution  _______ Non-Profit  _______ Home Occupation  _______ Other

5a. Seating Capacity if applicable: ____________________________

6. Specific Nature of Business (Please describe): ____________________________
7. Level of Business at this Location: Check one

____ Corporate Headquarters  _____ Division Headquarters  _____ Franchise

_____ Partnership  ____ Individual Business

8. Sales or Occupational Tax Number: __________________________________________

9. Days and Hours of Operation: ________________________________________________

10. Occupancy Date: ___________________________________________________________

11. Number of Employees (other than owner): _____ Full-Time _____ Part-Time

12. Square Footage of Premises: ________________________________________________ (to nearest 100 square feet)

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

_____ Yes  _____ No  

If Yes, please explain:

__________________________________________________________________________

14. Does Your Business Include?

A. Coin Operated Amusement Devices:  Yes ___________ No ___________

If Yes, how many? ________________________________

B. 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:  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:**

__________________________________________

(Zoning Administrator) Date

__________________________

Village Clerk Date