



CHECKLIST FOR THE
BUSINESS REGISTRATION CERTIFICATE

ALL APPLICANTS MUST REMIT THE FOLLOWING DOCUMENTS FOR PROCESSING

- Completed application for Business Registration Certificate
- Copy of the Articles of Incorporation issued by the IL Secretary of State (for LLC, LLP and corporations)
- Copy of the Assumed Name Certificate issued by the County Clerk (for sole proprietorships)
- Copy of the current 501(c)(3) acceptance letter issued by the IRS (for not-for-profit organizations)
- Copy of licenses issued by the IL Division of Professional Regulation (if applicable)
- Payment for the appropriate fee

Fees are reduced by 50% for applications submitted after July 1st each year

<u>SQUARE FOOTAGE</u>	<u>FEE</u>	<u>ALARM SYSTEM</u>	<u>FEE</u>
0 – 2,500	\$ 55.00	Siren/Local	\$ 15.00
2,501 – 5,000	\$ 110.00	Contracted Company	\$ 15.00
5,001 – 10,000	\$ 165.00	Direct Connect to City	\$125.00
10,001 – 15,000	\$ 280.00	(Fox Valley customers pay the Direct Connect Fee)	
More than 15,000	\$ 560.00		

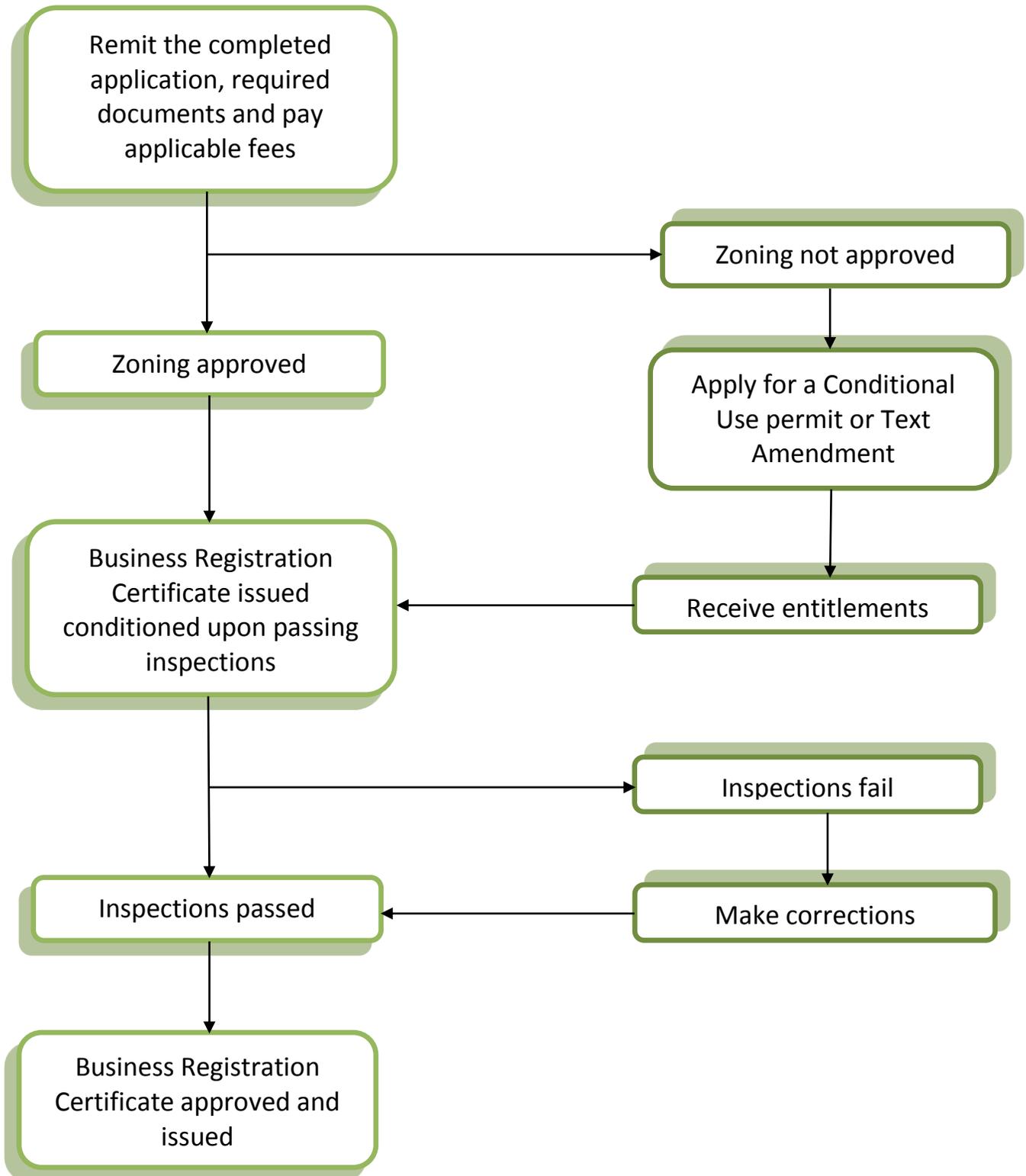
FOR FOOD RELATED APPLICANTS INCLUDE THE FOLLOWING DOCUMENTS

- Copy of the IL Food Safety Manager Certification
- Copy of the current Waste Disposal Contract for this location
- Copy of a current Pest Control Contract for this location

DEPARTMENT PHONE NUMBERS FOR FURTHER QUESTIONS OR CONCERNS

- Zoning Department / 847-391-5306
For information on permitted uses, the zoning of a property and available sites
- Building Department / 847-391-5380
For information on building renovations, alterations and requirements for building permits
- Fire Prevention Bureau / 847-391-5340
For information pertaining to fire safety requirements
- Health & Sanitation Department / 847-391-5377
For information pertaining to food related, environmental, state and health/safety requirements
- Licensing Division / 847-391-5366
For information on registration requirements, licensing requirements and status of an application

PROCESS FOR THE
BUSINESS REGISTRATION CERTIFICATE





COMMUNITY AND ECONOMIC DEVELOPMENT

1420 Miner Street
Des Plaines, IL 60016
P: 847.391.5366
desplaines.org

APPLICATION FOR THE BUSINESS REGISTRATION CERTIFICATE

For inspection scheduling, complete the following information: Contact Name: _____

Email: _____ Phone #: _____

BUSINESS INFORMATION

Name of Business: _____ Phone #: _____

Address: _____ Zip Code: _____ SqFt: _____

Billing Address: _____ IL Bus Tax ID #: _____

City: _____ State: _____ Zip Code: _____

DESCRIPTION OF THE BUSINESS

- Will dangerous chemicals/materials be stored or used on the premises?
Will alcoholic beverages be served or sold on the premises?
Will tobacco products be sold on the premises?
Will any company vehicles be registered or stored on the premises?

Explain in specific detail the business that will be conducted at this location. Include a description of products to be sold and/or stored, services to be provided, business hours/days of operations, number of employees, etc.

Four horizontal lines for providing business details.

BUSINESS OWNER / APPLICANT INFORMATION (For corporations and LLCs, list the owner, president, or member)

Name: _____ Phone #: _____

Home Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Driver's License: _____ State of Issuance: _____ Exp. Date: _____

PROPERTY OWNER / PROPERTY MANAGEMENT INFORMATION

Name: _____ Phone #: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

ALARM INFORMATION

Please refer to 5-7 of the municipal code for fees and information pertaining to False Alarms Occurrences

Type of Alarm System: NONE BURGLAR ONLY FIRE ONLY BOTH

Alarm Notification: SIREN CONTRACTED COMPANY DIRECT CONNECT TO THE CITY

Company: _____ Phone #: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Email: _____

EMERGENCY CONTACT INFORMATION

1ST Name: _____ Email: _____

Home

Address: _____ City: _____ State: _____ Zip: _____

Phone # 1: _____ #2: _____

2nd Name: _____ Email: _____

Home

Address: _____ City: _____ State: _____ Zip: _____

Phone # 1: _____ #2: _____

ATTESTATION

I certify the above information is true and accurate to the best of my knowledge.

I understand that I may not conduct business at the place of business being registered without a valid and current Business Registration Certificate.

I understand the issuance of the Certificate is conditioned upon compliance with all applicable city ordinances, codes, regulations and related inspections.

I consent to the inspection of the registered place of business by city officers and employees to verify compliance with all city ordinances, codes, and regulations.

If there are any changes in the information provided to the City, it is my responsibility to remit current information in a reasonable amount of time.

I further understand that any false statement or omission of information may be cause for suspension, revocation or denial of the Certificate.

Applicant

Signature: _____ Date: _____

FOR OFFICE USE ONLY

New Business Zoning Class & Notes: _____ Use Permitted Date and Initials: _____

New Owner _____ Use NOT Permitted _____

New Location _____ Conditional Use Permit Required

Name Change Only Text Amendment Required

Fire Prev Health/Plumbing Code Enforce Utility Finance Police Legal