



## **Zoning Code Requirements Home Occupations**

**Home Occupation.** An accessory use (or special use) of a dwelling unit carried on by the members of the immediate family residing on the premises. The use is clearly incidental and secondary to the use of the dwelling unit for residential purposes and does not change the character of the residence or adversely affect the residential character of the neighborhood.

### **Home Occupation Registration & Business License Procedure**

*Please supply separate checks for the home occupation registration application and the City business license.*

- ◆ Complete the home occupation registration form, There is a one-time registration fee unless the occupation or circumstances change. Please contact our office for the appropriate registration fee.
- ◆ Complete the business license application; please contact our office for the appropriate business license fee.
- ◆ If the home occupation registration application is approved a certificate of home occupation and City business license will be sent to you.
- ◆ If the registration application is rejected, the business license fee will be returned to you. The home occupation registration fee is non-refundable.



COMMUNITY DEVELOPMENT DEPARTMENT  
 3600 Kirchoff Road  
 Rolling Meadows, IL 60008  
 Phone 847-506-6030 Fax 847-483-0365  
 Home Occupation Application  
 For Business License

***Please print***

Name of business \_\_\_\_\_

D.B.A. or A.K.A. Name (if applicable) \_\_\_\_\_

Address of business \_\_\_\_\_

Business phone number \_\_\_\_\_ Email \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

Full legal name of owner \_\_\_\_\_

Billing/mailling address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Federal taxpayer ID number (FEIN) or Illinois business tax number (IBT) \_\_\_\_\_

Number of Employees \_\_\_\_\_  Current Occupancy **OR:** Expected date of occupancy \_\_\_\_\_

Detailed description of business use or service provided: \_\_\_\_\_

***Please attach a letter that gives a detailed description of your company & its operation within this location.***

I hereby certify I am the owner or a duly authorized agent of the business making this application, empowered to bind said business to all terms & conditions of the license. I understand issuance of the license & the license's continuation is conditioned upon compliance with all applicable codes, ordinances & laws. I agree to pay all fees associated with the license & to submit the premises to inspection in accordance with all codes & ordinances. I understand failure to comply with all applicable ordinances & laws may result in revocation of the license & the privilege to conduct business in the City of Rolling Meadows.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Print Name  Owner  Agent (include title) \_\_\_\_\_

**\*\*\* For official use only - do not write below this line \*\*\***

New business Zoning Classification: \_\_\_\_\_

***Approval initials***

Fire Pevention \_\_\_\_\_ Fee Category \_\_\_\_\_ Fee \_\_\_\_\_

CD Dept. \_\_\_\_\_ Fee Category \_\_\_\_\_ Fee \_\_\_\_\_

TOTAL Fee: \_\_\_\_\_

License Number \_\_\_\_\_ Home Occupation Registration Number \_\_\_\_\_

Batch Number \_\_\_\_\_

**CITY OF ROLLING MEADOWS  
APPLICATION FOR HOME OCCUPATION REGISTRATION  
(To be accompanied by non-refundable fee of \$10.00)**

Applicant's Name \_\_\_\_\_

Business Name (if different from above) \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Mailing Address: (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Telephone \_\_\_\_\_ Are you the owner of the premises? YES  NO

If not, owner's name and address \_\_\_\_\_

Type of Occupation (be specific) \_\_\_\_\_

1. Further details about the home occupation (if necessary). \_\_\_\_\_

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 2. Is the home occupation currently in operation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If not, when will it open? _____  |                          |                          |
| 4. Will the outside appearance of the property change?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will the occupation be visible from the street?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will the home occupation employ individuals <u>other</u> than immediate family members that reside at the premises?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If so, how many? _____  |                          |                          |
| 8. What type of vehicle(s) are associated with the business? _____<br>(car, van truck, etc.)   |                          |                          |
| 9. If vehicle is a truck, please indicate weight _____ (ton)   |                          |                          |
| 10. What type of plate does the vehicle have? (B, D, F or H) _____   |                          |                          |
| 11. Is there product storage on the premises?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If so, will all storage be within a structure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are any combustible or flammables used in the home occupation (solvents, cleaners, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Will there be a vehicle(s) associated with the home occupation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is a product manufactured or produced on the premises?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Will there be an increase in noise, vibration, glare, fumes, odors or electrical interference associated with the occupation?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is there wholesaling?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is there retail sales?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are there deliveries to the home?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. If so, what is the number of deliveries per week? _____  |                          |                          |
| 21. How are deliveries received? _____   |                          |                          |
| 22. What is the total gross floor area devoted <u>exclusively</u> to the home occupation? _____ sq. ft. (note: maximum allowed is 300 sq. ft.) |                          |                          |

As applicant, I acknowledge that the above answers are accurate and truthful. I understand that a home occupation is regulated by the Zoning Code of the City of Rolling Meadows and must operate within the requirements established by that Code. I also understand that, in most cases, the occupation will require a city business license. I shall obtain a license, if required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Accepted  Denied By: \_\_\_\_\_

Comments \_\_\_\_\_

\* Upon approval a registration certificate will be mailed. \*