



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

Please print all information

Name of business \_\_\_\_\_ DBA: \_\_\_\_\_

Address of business \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_ FAX \_\_\_\_\_ Cell \_\_\_\_\_

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

Billing/mailling address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Emergency Contact- Full Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

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: \_\_\_\_\_

*For all businesses - please attach a letter that gives a detailed description of your company and its operation within this location.*

**For businesses that have multiple categories:**  
*(retail with grocery or gas station with mini-mart or associated restaurant, etc.), please indicate sq. ft. of each category.*

- Grocery - indicate square footage of grocery or food sales area of business \_\_\_\_\_ sq. ft.
- Food Establishment *(including bakeries & banquet facilities)* \_\_\_\_\_ sq. ft.  Caterer (not holding a restaurant license)
- Food – Low Risk/Prepackaged/Minimal Preparation Food  Billiard tables *(indicate number)* \_\_\_\_\_
- Gas Station *(number of nozzles)* \_\_\_\_\_  Bowling Alley *(indicate number of alleys)* \_\_\_\_\_
- Office/Retail/Industrial \_\_\_\_\_ sq. ft.  Movie Theaters/Theaters *(indicate number of seats)* \_\_\_\_\_
- Hotel/Motel *(indicate number of rooms)* \_\_\_\_\_  Nursing home or assisted listing home (indicate number of rooms) \_\_\_\_\_
- Kennel or Pet shop *(indicate number of animals)* \_\_\_\_\_  Veterinary Hospital
- Barber/Beauty Shops *(indicate number of chairs)* \_\_\_\_\_  Laundromat/Laundry *(indicate number of machines)* \_\_\_\_\_
- Vending machines (food/beverage) (indicate number) \_\_\_\_\_ Type \_\_\_\_\_
- Coin-operated devices (gumball, candy, etc.) (indicate number) \_\_\_\_\_ Type \_\_\_\_\_
- Sale of tobacco products? Yes  No   Cigarette machines *(indicate number)* \_\_\_\_\_

**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  New location  New owner Zoning Classification: \_\_\_\_\_

**Approval initials** Building permit applied for?  YES  NO Date of permit application \_\_\_\_\_

Fire prevention \_\_\_\_\_ Fee Category \_\_\_\_\_ Fee \_\_\_\_\_

Health Dept. \_\_\_\_\_ Fee Category \_\_\_\_\_ Fee \_\_\_\_\_

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

Police Dept. \_\_\_\_\_ Fee Category \_\_\_\_\_ Fee \_\_\_\_\_

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