

BLA**Village of Phoenix, Illinois
Business License Application**

Incomplete applications will not be accepted.

Completed applications may be submitted to: Village Clerk's Office, 633 E. 151st Street

Date Application Received:**License Year:**

New License: Change in Ownership/Corporation: Manufacturing: Grocery:

General: Gaming: Cannabis: Service:

APPLICANT INFORMATION

A. Corporation Name:		Class Applying For:
B.. Business Name (DBA):		
C. Type of Business:	Sole Proprietor	Partnership
	Corporation	LLC
	Non-Profit	
C. Previous Business Name (If DBA changed):		
D. Corporate Mailing Address if different from the physical location address (city, state, zip code)::		
E. Business telephone:	F. Business website:	G. Business Email:
H. Owner or Manager contact name for license:		
I. Contact telephone:	I. Contact e-mail address:	

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for business license (exact street address):		B. Zip Code	C. # Parking Spaces	
D. Total Building s.f.	E. Entertainment Area	F. Kitchen (Square Footage)	G. Total Number of Seats	H. Seating Area (Square Feet)
I. Number of Bar Seats	J. Retail/Public Area s.f.	K. Cooler s.f.	L. Dry Storage s.f.	M. Sale Counter s.f.

OFFICIAL USE ONLY

Approved	Denied	Date Approved/Denied:
_____		Date Issued:
Mayor		

If not applicable enter N/A

Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Completed Local Business License Application (BLA)		
Current list of names, dates of birth and home addresses of all members (Class B)		
Certificate of Occupancy (Issued by Village of Phoenix Inspections and Permits Departments)		
Copy of the Articles of Incorporation		
Certificate of Good Standing from the Illinois Secretary of State		
Floor of Establishment (drawn to scale including all spaces including outdoor seating. Must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with percentages and square footage of each space. Class O include all seating configurations.)		
Copy of Lease/Proof of Ownership.		
Copy of Certificate of Insurance.		
Certificate of Registration (Food & Beverage Tax-register with Village of Phoenix for Business sales taxes and payment of required bond).		
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises).		
Personal information Form(s) (PIF) (one for each owner of 5% or owner, corporate officers to be listed on the license and on-site manager.)		

Type of Business

Barber Shop Auto Repair Shop Laundry Mat Manufacturing Retail Store Bar
Club Bar & Grill Beauty Supply Computer Repair Service Computer Training Deli
Consultant Credit Union Pop Corn Shop Book Publisher Remodeling Business
General Contractor Sports Trainer Cosmetics Beauty Salon Bed & Breakfast Church
Blacksmith Convenience Store Gaming Facility Non-Profit Tire Shop Brake Shop
Botanical Garden Cleaners Real Estate Agent Bar & Grill Beauty Supply Catering
Event Planner Restaurant Custom T-Shirt Vendor DJ Service Day Care Center Day Spa
Dental Clinic Desktop Publishing Service Dollar Store Asphalt Paving Gas Station
Electrician Plumber Concrete Contractor Welder

If not applicable enter N/A

Corporation / Premises Questions

10.	<p>If applicant is applying for a Class B - Fraternal Society or Club Business License:</p> <p>A. How many dues-paying members do you have? _____ (Attach a listing of members' names and addresses.)</p> <p>B. Does your club have the qualifications described in the Illinois Act and the Village of Phoenix Ordinance? Yes No</p>														
11.	<p>Does your establishment have entertainment? Yes No</p> <p>If Yes, what form(s) of entertainment do you offer? Bands/Solo DJ Televised Sports</p> <p>Other: _____</p> <p>Days and hours entertainment planned:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 12.5%;">SUN</th> <th style="width: 12.5%;">MON</th> <th style="width: 12.5%;">TUES</th> <th style="width: 12.5%;">WED</th> <th style="width: 12.5%;">THUR</th> <th style="width: 12.5%;">FRI</th> <th style="width: 12.5%;">SAT</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SUN	MON	TUES	WED	THUR	FRI	SAT							
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12.	<p>Do you employ security? Yes No Only when entertainment is held</p> <p>If Yes, do you: Hire Private Security Company Use On-Staff Employees</p> <p style="padding-left: 100px;">Hire Off-Duty Police Officers Combination of the Above</p> <p>If you hire a Private Security Company, please provide the company name and contact person.</p> <p>_____</p> <p>_____</p>														
13.	<p>Do you have security cameras on premise? Yes No</p> <p>If yes, are they: Indoor Outdoor Both</p> <p>If Yes, please provide a brief description of the location(s): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>														
14.	<p>For Classes required to serve food for consumption on the licensed premises, please list the name of the chef(s) for the location applying for a business license: _____</p> <p>_____</p> <p>_____</p>														
15.	<p>For Class G-1, check the retail item categories available for purchase at the location:</p> <table style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center;">Dairy</td> <td style="text-align: center;">Baked Goods</td> <td style="text-align: center;">Frozen Goods</td> <td style="text-align: center;">Groceries</td> </tr> <tr> <td style="text-align: center;">Snack Foods</td> <td style="text-align: center;">Health Aids</td> <td style="text-align: center;">Beauty Aids</td> <td></td> </tr> </table>	Dairy	Baked Goods	Frozen Goods	Groceries	Snack Foods	Health Aids	Beauty Aids							
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If not applicable enter N/A

Affidavit

I, authorized agent(s) for the applicant, first being duly sworn, under oath, depose and state that the information contained in the foregoing application is true and correct.

I also understand that any untrue, inconsistent, incorrect or misleading information contained herein shall be cause for the refusal to grant, non-renewal or the revocation of any license granted pursuant to this application.

I further state that I have read and understand all applicable laws, including, without limitation, statutory provisions set forth in the Illinois Control Act of 1934, 235 ILCS 5/1-1, et. seq. and Chapter 6 of the Village of Phoenix's Code of Ordinances and fully understand my obligations under said applicable local laws.

I swear and affirm not to violate any of the relevant laws of the United States, the State of Illinois or any of the ordinances of the Village of Phoenix in the conduct of the place of business described herein. I understand and agree that if I violate any local, state or federal laws regarding prohibited sales, consumption or possession, while I have a Village of Phoenix Business License, said license may be suspended or revoked. If said violation occurs within the first year (probationary period) a business hearing will be called and the license may be revoked immediately, with no progressive discipline required.

I further authorize the Village of Phoenix or any of its designated agents to contact any agency or individual named or referred to in this Application for the purpose of verifying and/or clarifying any information I have provided herein.

I further certify that if any of the foregoing information changes during the course of the current license year, including, without limitation, changes to the status of the State business license, changes in the corporate stockholder shares or corporate officers, I will notify the Village of Phoenix, in writing, within seven (7) days of such change.

Corporate/LLC Signatures

Individual/Partnership Signatures

President

Signature

Secretary

Signature

Treasurer

Signature

Signed and sworn to before me this _____ day of

_____, 20____.

(SEAL)

Notary Public