



**VILLAGE OF BURNHAM**  
 14450 Manistee Avenue  
 Burnham, Illinois 60633  
 villageofburnham@burnham-il.gov  
 Phone: 708-862-9150 Fax: 708-862-9155  
 Robert E. Polk- Mayor Lus E. Chavez-Clerk

License No. \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Expiration: \_\_\_\_\_  
 Fees: \_\_\_\_\_  
 Date of application: \_\_\_\_\_

**Business License Application-Renewal**

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

EIN NUMBER: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY / STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

**OWNER INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ CITY / STATE/ZIP: \_\_\_\_\_

**\*\* Notify the Clerk's Office of any Business Changes \*\***

**Sole Owner** If applicable: Business DBA \_\_\_\_\_

Has assumed name been filed with Cook County Clerk?  No  Yes Date File: \_\_\_\_\_  
 (Submit copy of certified Certificate issued by Cook County Clerk's Office )

Type of Business: \_\_\_\_\_

Retailers' Occupation Tax Registration No. \_\_\_\_\_

**Partnership** Number of Partners: \_\_\_\_\_ Date of Formation \_\_\_\_\_

**Illinois Corporation** Date of Incorporation \_\_\_\_\_

**Limited Liability Corporation** Date of Incorporation \_\_\_\_\_

**Foreign Corporation** State of Corporation \_\_\_\_\_ Business Qualified Date \_\_\_\_\_

Are there any other businesses you now or previously have owned/operated in Burnham, IL? \_\_\_\_\_

If yes, list : \_\_\_\_\_ Type: \_\_\_\_\_

\_\_\_\_\_ Type: \_\_\_\_\_

Do you own or lease business property?  No  Yes- Include a copy of the current lease.

Building  Own  Lease Square Foot Area: \_\_\_\_\_

Land  Own  Lease Square Foot Area: \_\_\_\_\_

**Computation of square footage shall be included the entire floor area and any adjacent areas used as an integral part of the necessary operation of the business**

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Name of Lessor: \_\_\_\_\_

Address of Lessor: \_\_\_\_\_ Phone: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have an alarm system? \_\_\_\_\_ Alarm Company \_\_\_\_\_

Number of Vehicles owned and operated by the business: \_\_\_\_\_ Cars / \_\_\_\_\_ Trucks  
Year / Make/Model State & License No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant had a license in this or another State revoked or suspended?  No  Yes  
If **Yes**, state the reason for suspension or revocation, the city and state, and the business activity or occupation of the applicant. Explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you indebted or obligated in any manner to the Village of Burnham?**  No  Yes

Vendor Stamps: Sell Cigarettes Yes  No

Will you have vending machines?  No  Yes List type and the number of machines:

Number \_\_\_\_\_ Type \_\_\_\_\_  
Number \_\_\_\_\_ Type \_\_\_\_\_  
Number \_\_\_\_\_ Type \_\_\_\_\_  
Number \_\_\_\_\_ Type \_\_\_\_\_

**BUSINESS LICENSE APPLICATION – REQUIRED DOCUMENTS-Year \_\_\_\_\_**

License No. \_\_\_\_\_ Name: \_\_\_\_\_ Annual Fee \$ \_\_\_\_\_ Inspection Fee(s) \$ \_\_\_\_\_

**\*\* Business Licenses are not transferable \*\***

**\*\* Business Licenses are not renewable-must reapply each year \*\***

- Sole Owner:**           **v-Needed**
  - \_\_\_ Current State ID or Driver’s License of Owner
  - \_\_\_ EIN issued from Internal Department of Revenue
  - \_\_\_ Cook County Clerk Registration or Illinois Business Authorization
  - \_\_\_ State of Illinois-Certificate of Good Standing
  - \_\_\_ Current Lease
  - \_\_\_ ServSafe Certificates (if applicable)
  - \_\_\_ Current Liability Insurance
  
- Partnership:**           **v-Needed**
  - \_\_\_ General Partnership Agreement
  - \_\_\_ Current State ID or Driver’s License of partner(s)
  - \_\_\_ EIN issued from Internal Department of Revenue
  - \_\_\_ Cook County Clerk Registration or Illinois Business Authorization
  - \_\_\_ State of Illinois-Certificate of Good Standing
  - \_\_\_ Current Lease
  - \_\_\_ ServSafe Certificates (if applicable)
  - \_\_\_ Current Liability Insurance
  
- Illinois Corporation:**       **v-Needed**
  - \_\_\_ Current State ID or Driver’s License of member(s)
  - \_\_\_ EIN issued from Internal Department of Revenue
  - \_\_\_ Cook County Clerk Registration or Illinois Business Authorization
  - \_\_\_ State of Illinois- Articles of Incorporation
  - \_\_\_ State of Illinois-Certificate of Good Standing
  - \_\_\_ Operating Agreement
  - \_\_\_ Current Lease
  - \_\_\_ ServSafe Certificates (if applicable)
  - \_\_\_ Current Liability Insurance
  
- Limited Liability Corporation:**   **v-Needed**
  - \_\_\_ Current State ID or Driver’s License of member(s)
  - \_\_\_ EIN issued from Internal Department of Revenue
  - \_\_\_ Cook County Clerk Registration or Illinois Business Authorization
  - \_\_\_ State of Illinois- Articles of Incorporation
  - \_\_\_ State of Illinois-Certificate of Good Standing
  - \_\_\_ Operating Agreement
  - \_\_\_ Current Lease
  - \_\_\_ ServSafe Certificates (if applicable)
  - \_\_\_ Current Liability Insurance
  
- Foreign Corporation:**       **v-Needed**
  - \_\_\_ Current State ID or Driver’s License of member(s)
  - \_\_\_ EIN issued from Internal Department of Revenue
  - \_\_\_ Cook County Clerk Registration or Illinois Business Authorization
  - \_\_\_ State’s- Articles of Incorporation
  - \_\_\_ State of Illinois-Certificate of Good Standing
  - \_\_\_ Operating Agreement
  - \_\_\_ ServSafe Certificates (if applicable)
  - \_\_\_ Current Lease
  - \_\_\_ Current Liability Insurance

**AFFIDAVIT**

I, (We), the undersigned Applicant, swear (or affirm) that the statements and information contained in the foregoing Business License Application are true and correct, are made upon my (our) personal knowledge, and are made for the purpose of inducing the Village of Burnham to issue the herein applied for Business License.

Signature Required:  Sole Owner

Signature	Date
Print Name	

Signatures Required:  Partnership

Signature	Date
Print Name / Title	

Signature	Date
Print Name / Title	

***\*\* All applications must be notarized \*\****

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY \_\_\_\_\_ )

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT \_\_\_\_\_ personally known to me to be the person(s) whose name(s) \_\_\_\_\_ subscribed to the foregoing instrument, appeared before me this day in person. Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

**AFFIDAVIT**

I, (We), the undersigned Applicant, swear (or affirm) that the statements and information contained in the foregoing Business License Application are true and correct, are made upon my (our) personal knowledge, and are made for the purpose of inducing the Village of Burnham to issue the herein applied for Business License.

**Signatures Required:**  **Illinois Corporation Name** \_\_\_\_\_

<b>Corporate Seal</b>
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name / Title Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name / Title Date

**Signatures Required:**  **Limited Liability Corporation** \_\_\_\_\_

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

\_\_\_\_\_  
Print Name / Title

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

\_\_\_\_\_  
Print Name / Title

**Signature Required:**  **Foreign Corporation**

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

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

**\*\* All applications must be notarized \*\***

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 ) SS.  
COUNTY \_\_\_\_\_ )

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**(Notary Seal)**

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_