

Business or Organization's Legal Name _____

Business Address _____ Unit/Suite _____

City/State/Zip Code _____

Business Phone _____ Email _____ Fax _____

Billing Address (If Different) _____ Unit/Suite _____

City/State/Zip Code _____

Federal Employer Identification Number (FEIN): ____ - ____ - ____

Will the Business generate sales tax? YES NO If yes, State Sales Tax (IBT) #: ____ - ____ - ____

BUSINESS OWNERSHIP TYPE AND CONTACT INFORMATION - Select the option that defines the ownership type

- If Sole Proprietorship, list information for the sole owner/operator below:
- If Partnership, list information for all Managing Partners below (Attach additional sheet if necessary):
- If Corporation, list information for the President and Chief Financial Officer below:

First Name: _____ Last Name: _____

Address _____ City/State/Zip Code _____

Phone _____ Email _____

First Name: _____ Last Name: _____

Address _____ City/State/Zip Code _____

Phone _____ Email _____

PROPERTY OWNER INFORMATION AND CONTACT

First Name: _____ Last Name: _____

Address _____ City/State/Zip Code _____

Phone _____ Email _____

LOCAL KEYHOLDER/EMERGENCY CONTACTS (Please list in order of best contact):			
Order	Name	Title	Phone Number
1.			
2.			
3.			

Name of Fire Alarm Company _____ Phone _____

Is this building sprinkled? YES NO



BUSINESS CLASSIFICATION

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)

(Check only one)

	Code	Title
<input type="checkbox"/>	11	Agriculture, Forestry, Fishing & Hunting
<input type="checkbox"/>	21	Mining
<input type="checkbox"/>	22	Utilities
<input type="checkbox"/>	23	Construction
<input type="checkbox"/>	31-33	Manufacturing
<input type="checkbox"/>	42	Wholesale Trade
<input type="checkbox"/>	44-45	Retail Trade
<input type="checkbox"/>	48-49	Transportation & Warehousing
<input type="checkbox"/>	51	Information
<input type="checkbox"/>	52	Finance & Insurance
<input type="checkbox"/>	53	Real Estate Rental & Leasing
<input type="checkbox"/>	54	Professional, Scientific & Technical Services
<input type="checkbox"/>	55	Management of Companies & Enterprises
<input type="checkbox"/>	56	Administration, Support, Waste Management, Remediation Services
<input type="checkbox"/>	61	Educational Services
<input type="checkbox"/>	62	Health Care & Social Assistance
<input type="checkbox"/>	71	Arts, Entertainment & Recreation
<input type="checkbox"/>	72	Accommodation & Food Services
<input type="checkbox"/>	81	Other Services
<input type="checkbox"/>	92	Public Administration

Please provide your full 6 digit NAICS code:

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If you do not know your NAICS code, please visit www.naics.com for more information.

Brief Description of Business
(Attach Additional Sheet if Necessary)

BUSINESS DETAILS

Total Square Footage of Business: _____

Date of Occupancy: _____

Days of Operation: (check all that apply)

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours of Operation: _____

Number of Employees: _____

Number of Parking Spaces: _____

Is this a multi-tenant building? Yes No

Business License Fees

Fee Types	Quantity	Cost	Amount
Total Square Footage:		See fee schedule attached	\$
Total Number of Catering Trucks:		@ \$100	\$
Total Number of Vending Machines:		@ \$75	\$
Total Number of Coin Operated Jukeboxes/Video Games:		@\$75	\$
Over the Counter Tobacco Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	@\$50	\$
TOTAL			\$

Statement of Applicant:

Under penalty of perjury, I certify that all of the above statements are true, complete, and accurate.

Print Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY			
Department	Approved	Denied	Initials
Zoning			
Inspectional Services			

BUSINESS LICENSE FEE SCHEDULE

FLOOR AREA IN SQUARE FEET			YEARLY LICENSE FEE
0	to	2,500	\$100.00
2,501	to	5,000	\$150.00
5,001	to	10,000	\$200.00
10,001	to	15,000	\$300.00
15,001	to	20,000	\$350.00
20,001	to	30,000	\$400.00
30,001	to	40,000	\$450.00
40,001	and	OVER	\$500.00

ZONING CERTIFICATION INSPECTION

Every new business in the Village of Bensenville is required to have a zoning certification inspection take place before operation begins in their building. After submitting this application along with proper payment an internal zoning review will be performed by a member of the Community & Economic Development staff to determine if the proposed use is allowed in the current zoning district. Upon completion a member of the staff will contact you to inform you of this determination. If the zoning is approved staff will schedule a time and date for the physical zoning inspection to take place at your building. There is no cost for this inspection and is typically completed within an hour. Once this inspection is passed a business license will be issued.

IMPORTANT REMINDERS

Any personal or commercial vehicle registered or parked overnight in the Village of Bensenville is required to have a vehicle sticker purchased for it. Failure to purchase and display a sticker on every vehicle can result in citation. If you would like to pick up a vehicle sticker application they are available at the finance counter at village hall. If you have any more questions about vehicle stickers please call 630-766-8200.

If you are leasing or purchased space in the Village of Bensenville and wish to have a water account in your name there is a \$100 water deposit to create a new account and have the service activated. If you would like more information in regards to setting up a water account please contact our water department at 630-594-1011.

