

Office Use Only
Lic # _____
ZEO Appr _____



3S258 Manning Avenue  
Warrenville, IL 60555  
(630) 393-9427 (630) 393-5053 FAX

**BUSINESS LICENSE APPLICATION**

1. BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
BUSINESS PHONE #: \_\_\_\_\_
  
2. BUSINESS OWNER'S NAME: \_\_\_\_\_  
BUSINESS OWNER'S ADDRESS: \_\_\_\_\_  
BUSINESS OWNER'S CITY, STATE, ZIP: \_\_\_\_\_  
BUSINESS OWNER'S PHONE #: \_\_\_\_\_
  
3. OPENING DATE: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_
  
4. DESCRIPTION OF BUSINESS: \_\_\_\_\_
  
5. ILLINOIS TAX #: \_\_\_\_\_ FEDERAL ID #: \_\_\_\_\_
  
6. LICENSE SHOULD BE MAILED TO: \_\_\_\_\_
  
7. PLEASE INDICATE WHICH, IF ANY OF THE FOLLOWING APPLY TO YOUR BUSINESS. ADDITIONAL LICENSING MAY BE REQUIRED.  
AMUSEMENT DEVICE \_\_\_\_ FOOD HANDLER \_\_\_\_ GAME ROOM \_\_\_\_  
VENDING MACHINE \_\_\_\_ LIQUOR SALES \_\_\_\_ KENNEL \_\_\_\_
  
8. KEYHOLDERS: (IN ORDER OF PRIORITY):  
A. NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
B. NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
C. NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_
  
9. PROPERTY OWNER'S NAME: \_\_\_\_\_  
PROPERTY OWNER'S ADDRESS: \_\_\_\_\_  
PROPERTY OWNER'S PHONE: \_\_\_\_\_

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

10. PLEASE INDICATE THE FOLLOWING THAT PERTAINS TO YOUR PREMISES:

WATCH DOG \_\_\_\_\_ SECURITY GUARD \_\_\_\_\_ HAZARDOUS MATERIAL \_\_\_\_\_ SAFE \_\_\_\_\_  
GUNS \_\_\_\_\_ NIGHT LIGHTS \_\_\_\_\_ BUILDING MAINTENANCE \_\_\_\_\_

11. FIRE ALARM COMPANY:

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

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

IS FIRE ALARM DIRECT CONNECT? \_\_\_\_\_

IF FIRE ALARM IS RADIO CONNECT:

NAME OF MONITORING COMPANY: \_\_\_\_\_

12. SECURITY ALARM COMPANY –

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

PHONE NUMBER: \_\_\_\_\_

TYPE OF ALARM:      AUDIBLE \_\_\_\_\_ SILENT \_\_\_\_\_ PERIMETER ONLY \_\_\_\_\_  
   HOLD UP / ENTRY (OR BOTH) \_\_\_\_\_  
   AUTOMATICALLY RESET    YES \_\_\_\_\_ NO \_\_\_\_\_

13. MAINTENANCE SERVICE/CLEANING COMPANY

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

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

PHONE NUMBER: \_\_\_\_\_

14. PLEASE LIST ANY INFORMATION THAT WOULD BE HELPFUL IN ASSURING THE SECURITY OF YOUR PROPERTY (TYPE OF BUSINESS, HOURS OF OPERATION, ETC.):

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

I, THE UNDERSIGNED, HEREBY CERTIFY THAT I UNDERSTAND ISSUANCE OF A LICENSE OR SUBMISSION OF THIS APPLICATION AND PAYMENT OF THE PROCESSING FEE IS CONDITIONAL UPON COMPLIANCE WITH CITY ORDINANCES.

THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I, THE UNDERSIGNED, AM AWARE AND FULLY UNDERSTAND THAT NO ALARM WITHIN THE CITY OF WARRENVILLE, MAY BE ACTIVATED FOR MORE THAN THIRTY (30) MINUTES. I HEREBY HOLD HARMLESS THE CITY OF WARRENVILLE AND ITS PERSONNEL AND AGENTS FROM ANY DAMAGE RESULTING FROM DE-ACTIVATION OF AN ALARM THAT HAS BEEN ACTIVATED FOR MORE THAN THIRTY (30) MINUTES.

NAME OF BUSINESS OFFICIAL: \_\_\_\_\_

SIGNATURE OF BUSINESS OFFICIAL: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PROCESSING FEE OF \$35 MUST ACCOMPANY THE INITIAL APPLICATION**