

Office Use Only
Lic # _____



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

BUSINESS LICENSE RENEWAL 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 \$10 MUST ACCOMPANY THE INITIAL APPLICATION