



# VILLAGE OF BROOKFIELD

Community Development  
8820 Brookfield Ave., Brookfield, IL 60513  
Phone: 708-485-7344 x 3 Email: permits@brookfieldil.gov Website: www.brookfieldil.gov

## Business License

### Application

#### Part 1 - Introduction

Please complete this application in its entirety and return to the Village of Brookfield. This form MUST be completed and accompanied with a \$100.00 application fee. The application fee covers the cost of the required zoning reviews and operational inspections. Upon approval, you will be invoiced the annual business license fee and mailed an operational sticker. A business license renewal form must be completed and updated EACH YEAR. Failure to correctly respond, deliberately omit, or falsify any answers in this application may result in revocation of the business license.

#### Part 2 - Business Contacts

**Business Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_ Brookfield, IL 60513

Business Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Website: \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Business Manager:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Building Owner:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Part 3 - Emergency Contact Information

In order to better protect and serve you and your business, the Brookfield Police Department requests your assistance in verifying that we have accurate and up to date information. This information will be used in the event of an after hours emergency at the business location listed above. Please **DO NOT** list the business phone number as an emergency contact number. We appreciate your attention to this important matter and encourage you to contact our department whenever the building may be closed for an extended length of time (vacation, illness, etc.) or if your staff will be working after normal business hours. We **REQUIRE** any changes in key holder information be sent to our department in writing so that our records remain accurate and current. Thank you for supporting law enforcement.

Keyholder #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Keyholder #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part 4 - Business Description**

Completely describe the nature of the business. Explain what services are to be provided, what products will be sold, etc.

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Illinois Sales Tax Number (if applicable): \_\_\_\_\_

**Part 5 - Zoning Information**

The Village of Brookfield Zoning Code and Zoning Map are available on the Village's website. Uses approved by right and uses requiring special approval can be referenced in Section 62-22 of the Brookfield Village Code.

**Zoning District:** \_\_\_\_\_

**Number of Employees (Include Self / Owners):** \_\_\_\_\_

**Number of Existing Off Street Parking Spaces:** \_\_\_\_\_

**Number of Business Owned Motor Vehicles:** \_\_\_\_\_

**Anticipated Business Hours**

Weekdays from \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm

Weekends from \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm

**Part 6 - Business Survey**

**YES NO**

I authorize the Village of Brookfield to release personal data from this form to anyone requesting the data in writing per the **Freedom of Information Act**.

Is there an alarm system on the premises?

Will cigarettes or other tobacco products to be sold?

**If yes:**  Over the counter  Vending Machine

Other: \_\_\_\_\_

Is this a food / beverage establishment?

**If yes:** What is the number of people you will have accomodations for? \_\_\_\_\_

**Items Sold:**  Fresh Meat  Milk  Produce

Other: \_\_\_\_\_

Is this a Service Station? Total Gallonage: \_\_\_\_\_

Is this a Hotel / Motel? Number of Units: \_\_\_\_\_

**Part 7 - Machine Operator / Distributor Certification**

Operator / Distributor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City & State Zip Code

Is this Operator / Distributor currently licensed with the Village of Brookfield?  Yes  No

**\*\*If the above answer is No, the Operator / Distributor will need to complete a separate application\*\***

**Amusement Devices**

Distributor fee to be paid by  Distributor  Business Owner

Operator fee to be paid by  Distributor  Business Owner

Send annual renewal paperwork to  Distributor  Business Owner

**Vending Machines**

License fee to be paid by  Distributor  Business Owner

Send annual renewal paperwork to  Distributor  Business Owner

Please provide information for all machines to be used at the business. Examples include, but are not limited to:  
Pool table(s), jukebox(es), snack / soda machine(s), video arcade game(s), etc.

Machine Name	Machine Type	Machine Location	Cost to Customer

**Part 8 - Signature**

Applicant Name: \_\_\_\_\_

Applicate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* OFFICE USE ONLY BELOW THIS LINE \* OFFICE USE ONLY BELOW THIS LINE \* OFFICE USE ONLY BELOW THIS LINE\***

Village Planner: \_\_\_\_\_ Date: \_\_\_\_\_

Village Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Village Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Cook County Department of Public Health: \_\_\_\_\_ Date: \_\_\_\_\_

License Type / Number / Annual Fee: \_\_\_\_\_