



# BUSINESS LICENSE APPLICATION

## Businesses, Coin-Operated Amusement Devices and Vending Machines

For Fiscal Year 20\_\_ / 20\_\_  
Date: \_\_\_\_\_

- This application is to be completed by those who own or operate a Business, Jukebox, Amusement Device, or Vending Machine pursuant to [Ordinance Chapter 110: Business License Regulations](#).
- All Businesses in the Village of Lindenhurst are required to obtain a Business License, except for those businesses that hold a valid Lindenhurst [Food Truck Business License](#).
- Businesses serving and/or selling liquor must also submit a completed Lindenhurst [Liquor License Application](#).
- All Businesses that operate or allow placement of any Jukebox, Amusement Device, or Vending Machine are required to obtain licenses for **each** device or machine. Please refer to the attached Business License Fee Schedule for additional information.

Please fill out this application completely – *Type or Print*

### GENERAL INFORMATION

Type of Applicant:  Sole Proprietorship       Partnership       Corporation       LLC

In the case of Partnership, answer each question, providing information regarding all partners, limited partners, or person entitled to share in profits, as well as information regarding the partnership, if applicable.

In the case of a corporation, provide information regarding all officers and directors, and each stockholder or member owning or entitled to vote 5% or more of the total issued stock or membership, as well as information regarding the corporation, if applicable, and attach copies of articles of incorporation, or if a foreign corporation, the authorization to do business in Illinois.

#### Business / Corporation

Business/Corporation Name (as filed with the State of Illinois): \_\_\_\_\_

Business/Corporation Address: \_\_\_\_\_

Business/Corporation Phone Number: \_\_\_\_\_      Contact Person: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Description of Business, Occupation or Activity to be Licensed: \_\_\_\_\_

#### DBA (Doing Business As)

DBA Name: \_\_\_\_\_

DBA Address: \_\_\_\_\_

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

#### Billing/Correspondence Information (If different than DBA)

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

Address: \_\_\_\_\_

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

#### Owner Information

Owner's Name: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

Owner's Home Phone Number: \_\_\_\_\_

#### Manager Information

Local Manager's Name: \_\_\_\_\_      Local Manager's Phone Number: \_\_\_\_\_

#### Retailer's Occupation Tax Number

Illinois Business Tax (IBT) Number: \_\_\_\_\_

**CALCULATIONS (For business fees not listed, please visit: [https://codelibrary.amlegal.com/codes/lindenhurstil/latest/lindenhurst\\_il/0-0-0-3302](https://codelibrary.amlegal.com/codes/lindenhurstil/latest/lindenhurst_il/0-0-0-3302))**

- A. Business License (\$50) \_\_\_\_\_
- B. Tobacco Sales (\$20) \_\_\_\_\_
- C. Food/Soda Vending Machine (\$25 each)                      [# of machines] \_\_\_\_\_ X \$25 = \_\_\_\_\_
- D. Coin Operated Amusement    [# of machines] \_\_\_\_\_ X \$100 = \_\_\_\_\_  
*Incidental: 0 - 4 machines \$100 each machine*
- E. Coin Operated Amusement                      [annual fee] \_\_\_\_\_ + [# of machines] \_\_\_\_\_ X \$50 = \_\_\_\_\_  
*Secondary: 5 - 9 machines \$500 annually plus \$50 for each machine*  
*Arcade: 10 - 35 machines \$1000 annually plus \$50 for each machine*
- F. Video Gaming (\$25 for each machine)                              [# of machines] \_\_\_\_\_ X \$25 = \_\_\_\_\_
- G. Signage  
 (≥ 100 square feet = \$25 each)                              [# of signs ≥ 100 square feet] \_\_\_\_\_ X \$25 = \_\_\_\_\_  
 (< 100 square feet = \$15 each)                              [# of signs < 100 square feet] \_\_\_\_\_ X \$15 = \_\_\_\_\_
- H. Other \_\_\_\_\_
- I. Other \_\_\_\_\_
- J. Other \_\_\_\_\_
- K. Other \_\_\_\_\_
- L. Other \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

**CERTIFICATION**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**I (we) certify that the information contained in this application is true to the best of my (our) knowledge.**

\_\_\_\_\_  
*Sole Proprietorship*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Partnership Applicant*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Corporate Applicant*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Attest*

\_\_\_\_\_  
*Title*



## Application and Agreement for Local Building Alarm System Permit

Date: \_\_\_\_\_

I, \_\_\_\_\_ apply for connection of alarm system at (address)  
\_\_\_\_\_ for  Home  Business  School  
 Other \_\_\_\_\_.

Please check the appropriate system below:

Burglary  Hold-Up  Fire  Temperature  Waterflow  
 Other \_\_\_\_\_.

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The Village of Lindenhurst provides the facility pursuant to its power to protect the public health, safety and welfare. The municipality and the telecommunications company are not insurers of any risk under this or any other agreement, and shall not be liable for any loss caused by any failure of or defect in the facility or related equipment, or the personnel operating it. This facility is not a substitute for appropriate insurance against the risks incurred by the applicant.

The applicant warrants that the local system conforms to all applicable NFPA standards and bears Factory Mutual Underwriters' Laboratories, or equivalent labels. Applicant certifies that this application is correct in all respects and agrees to promptly notify the appropriate department of the municipality of any changes.

Applicant agrees to pay a one-time system connection fee of \$50.00.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



POLICE DEPARTMENT

**Emergency/Alarm Keyholder List**

**BUSINESS** (Include with Business License Application)

Business Name: \_\_\_\_\_  
Business Address/Lindenhurst Location: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Owner's Name(s): \_\_\_\_\_  
Owner's Mailing Address: \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_  
Alarm Company: \_\_\_\_\_  
Alarm Company Phone Number: \_\_\_\_\_

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**RESIDENTIAL**

Owner's Name(s): \_\_\_\_\_  
Owner's Mailing Address: \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_  
Alarm Company: \_\_\_\_\_  
Alarm Company Phone Number: \_\_\_\_\_

Please list, in order, the names and phone numbers of the keyholders that you would like us to contact in the event of an emergency or alarm activation:

- |          |              |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |

Comments:

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



VILLAGE OF LINDENHURST  
WATER & SEWER SERVICE APPLICATION

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

ACCOUNT NO. \_\_\_\_\_ - \_\_\_\_\_

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

BUYER     RENTER     OWNER RESUMING     ADDRESS/NAME UPDATE ONLY

CLOSING DATE or RENTER MOVE IN DATE: \_\_\_\_\_

NAME1: \_\_\_\_\_

NAME 2: \_\_\_\_\_

SECURITY DEPOSIT (\$175 BILLED \_\_\_/DUE DATE \_\_\_)

PHONE: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL: \_\_\_\_\_  Paperless Billing

BILLING ADDRESS: \_\_\_\_\_  
*(If different from service address)*

SOLD     OWNER RENTING     VACATING RENTER     DISCONNECT \_\_\_\$50

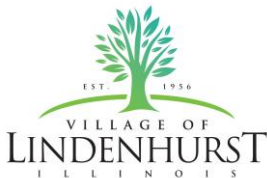
CLOSING/EFFECTIVE DATE or RENTER MOVE OUT DATE: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NEW/FORWARDING ADDRESS \_\_\_\_\_

.....  
COMMENTS \_\_\_\_\_

Work Order    FINAL READING \_\_\_\_\_     Calculated     Snow Bird \_\_\_\_\_ 1<sup>st</sup> Bill  
\_\_\_\_\_ Read Date \_\_\_\_\_ MoveIn



## Fee Reduction/Exemption Application

Form must be received by the 21<sup>st</sup> of the month preceding the payment due date to receive discount.

### Resident Information

Account Number: \_\_\_\_\_

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

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

Address : \_\_\_\_\_

Date: \_\_\_\_\_

### Senior Reduction

Residents 62+ receive a bi-monthly discount of \$5 off Transportation facilities fee, and 12% on garbage fees.

I, the above named applicant, certify I am 62 years or older and I am the owner/renter of record and reside at the above address. Proof of age required.

Authorized Signature : \_\_\_\_\_

DOB: \_\_\_\_\_

### Handicap Reduction

Residents with Handicap ID number or Plate registration receive a bi-monthly of \$5 off Transportation facilities fee charges.

I, the above named applicant, certify I have a State of IL issued Handicap ID Number or Plate Registration. Documentation required.

Authorized Signature : \_\_\_\_\_

ID Number \_\_\_\_\_

### Military Reduction

Active military personnel receive a bi-monthly discount of \$5 off Transportation facilities fee charges, or \$10 discount for 2 active personnel.

I, the above named applicant, certify that I am an active military personnel and I am the owner/renter of record and reside at the above address. Active Military Proof required.

Authorized Signature : \_\_\_\_\_

ID Number: \_\_\_\_\_

### Commercial Reduction

Commercial accounts that do not park vehicles overnight at the business are exempt from the bi-monthly transportation facilities fee of \$10. Those who store 5-10 vehicles are charged \$80 annually; those who store more than 10 are charged \$100 annually.

I, the above named applicant, hereby state that the number of vehicles registered, garaged, stored or parked overnight at the above address is:

No Vehicles: \$60 annual reduction

1-4 Vehicles: \$60 annual fee

5-10 Vehicles: \$80 annual fee

Over 10 Vehicles: \$100 annual fee

Authorized Signature of Owner/Manager: \_\_\_\_\_

Witness, Village of Lindenhurst \_\_\_\_\_ Date: \_\_\_\_\_