

City of Darien Business License Application

Date: _____ New Business _____/Renewal _____

Business Name _____
Address _____
Telephone No. _____ Ext. _____ Fax No. _____
E-mail Address _____

Detailed Profile of Business & All Services Rendered at this location.

Total S. F. of Business Area _____ No. Of Employees _____

If Home Occupation, total S. F. of residence _____

Illinois Retailers Occupation Tax No. _____

Business Owner's Name _____
Permanent Address _____
City, State, Zip Code _____
Telephone No. _____ Ext. _____ Fax No. _____
E-mail Address _____

If Business is operated by a manager, please complete the following.

Manager's Name _____
Permanent Address _____
City, State, Zip Code _____
Telephone No. _____ Ext. _____ Fax No. _____
E-mail Address _____

Is the location for which this application is made owned or leased by the applicant?

Owned _____ Leased _____ Current Term of Lease _____

Building Owner _____
Permanent Address _____
City, State, Zip Code _____
Telephone No. _____ Ext. _____ Fax No. _____
E-mail Address _____

CORPORATIONS – Complete the following.

STATE OF INCORPORATION _____

INCORPORATION # _____ DATE OF INCORPORATION _____

NAMES & TITLES OF OFFICERS HOME ADDRESS CITY, STATE, ZIP CODE TELEPHONE NO.

Registered Agent Home Address Telephone No.

If Partnership or Corporation, disclose the Names, Addresses of the Officers, Directors and those Stock Holders owning in Excess of Five (5) Percent of the Outstanding Stock or Interest.

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What is the Zoning for this location?

Commercial []

Residential []

Office/Research/Industrial []

Was a Special Use Permit Required? Yes [] No []

If yes, date granted _____

Has any license or registration issued to the applicant ever been suspended, revoked or cancelled? Yes [] No [] If Yes, Please explain. _____

Number of Vending Machines on Premises:

Amusement: Juke Box _____ Video/Electronic/Mechanical Game (s) _____

Cigarette _____ Food _____ Beverage _____ Gumball/Candy _____ Toy/ Misc. _____

Are you selling or will you be selling Tobacco Retail? Yes [] No []

Is there a Mini-Mart/Food Mart on Premises? Yes [] No []

If restaurant or food service, please provide total number of seats. _____

Carry Out Yes [] No []

Drive-Thru Yes [] No []

Is there more than one type of business operation at this location? Yes [] No []

If yes, explain _____

Percentage of space devoted to:

(MUST TOTAL 100%)

OFFICE: _____ %

RETAIL: _____ %

SERVICES: _____ %

WHOLESALE: _____ %

PRODUCTION: _____ %

WAREHOUSE: _____ %

TOTAL: _____ 100%

List retail goods sold: _____

List services performed: _____

List wholesale goods sold: _____

List products: _____

Please indicate the amount and name of materials routinely stored on site.

EMERGENCY NAME & TELEPHONE NOS., OTHER THAN THOSE PREVIOUSLY SHOWN:

Name

Phone No.

I, _____, certify that the statements contained herein are true and correct; further that any false information provided in this application shall be grounds for revocation of the Business License as well as any other penalties provided for by law. I do further state that we hereby understand and agree to abide and comply with all existing and future rules, regulations and ordinances of the City of Darien.

Applicant's Signature _____

Title _____

Date _____



Darien Police Department

Emergency Keyholder Information



Business Name: _____

Business Address: _____

Business Telephone #: _____ Fax: _____

Business or Contact E-Mail: _____

KEYHOLDERS: (Please Print Clearly)

1) Name: _____

3) Name: _____

Telephone #: (____) _____

Telephone #: (____) _____

2) Name: _____

4) Name: _____

Telephone #: (____) _____

Telephone #: (____) _____

Should there be an emergency at your establishment after hours (alarm, burglary, fire, etc.), we need to know whom to contact and in the order you want to be called.

Please complete this form and mail or fax to:

**City of Darien
City Clerk's Office
1702 Plainfield Road
Darien, IL 60561
(630) 852-4709**

Should you have any questions, please contact us at (630) 971-3999.

NOTE: If there is any change in the keyholder information, please notify the Darien Police Department immediately

HOME OCCUPATION QUESTIONNAIRE

Business name: _____

Business owner's name: _____

Business location: _____

Business activity: _____

- ***Checking YES to the following statements indicates the business activity complies with the regulations governing the operation of home occupations per the Darien Zoning Ordinance, Section 5A-5-13.***

	Check One	
	Yes	No
The home occupation is accessory, incidental and secondary to the principal use of the dwelling for dwelling purposes.	[]	[]
The home occupation will be conducted entirely within the dwelling unit and accessory buildings.	[]	[]
The home occupation will not occupy more than 25% of the gross floor area of the dwelling unit and accessory buildings.	[]	[]
The number of employees not residing within the dwelling unit is/will be limited to one.	[]	[]
Supplies and equipment will be delivered by United States letter carrier mail, parcel delivery service or private passenger automobile or van.	[]	[]
There will not be any exterior display or activity indicating the dwelling unit is being used for any use other than a dwelling unit.	[]	[]
Equipment used and/or processes employed will not create noise audible from the outside, dust, vibration, smoke, glare, fumes, odors, fire hazards, electrical interference or any other hazard or nuisance to any greater or more frequent extent than is typical for a residential dwelling unit.	[]	[]
The home occupation will not require internal or exterior alterations to the dwelling unit.	[]	[]

Business owner's name, printed

Business owner's signature

Date