

City of Darien
Certificate of Compliance Application

Date _____

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 _____

Illinois Retailers Occupation Tax No. _____

Business Owner's Name _____

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 _____

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 _____ Term of Lease _____

Building Owner _____

Management Co. & Contact _____

Address _____

Telephone No. _____ Ext. _____ Fax No. _____

E-Mail Address _____

CORPORATIONS – Complete the following.

STATE OF INCORPORATION _____

INCORPORATION # _____ DATE OF INCORPORATION _____

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NAMES & TITLES OF OFFICERS	HOME ADDRESS	CITY, STATE, ZIP CODE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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.

Registered Agent	Home Address	Telephone No
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What is the Zoning for this location?
Commercial [] Residential [] Office/Research/Industrial []

Was a Special Use Permit Required? Yes [] No []
If Yes, date granted _____

Are there any vending machines on the premises? Yes [] No []
If Yes, What Type? _____

Is an alarm system in operation at this location? Yes [] No []

Direct Hook up to the Fire Department? Yes [] No []

Direct Hook up to the Police Department? Yes [] No []

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

1. _____
2. _____

Additional Information and/or Comments: _____

(I), (We), _____, 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), (We), 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 _____