



Village of River Grove
2621 North Thatcher Avenue
River Grove, Illinois 60171-1698
Telephone (708) 453-8000 • Fax (708) 453-0761

BUSINESS LICENSE APPLICATION

1. Official action on Business License Applications shall take between **45 and 60** days from the date the application is received and the deposit is paid to the Village.
2. Applicants who enter leases, purchase property, or make improvements to any business premises for which a business license application is pending, **do so at their own risk**. Applicants must review all applicable statutes and ordinances applicable to their intended business before applying for a business license. Any failure to do so could prove fatal to your application. All applicants are advised not to enter into any final contracts or leases or make improvements to their business premises until reviewing all applicable municipal ordinances and statutes.
3. The Village reviews the license application documents and the reports and recommendations of various village departments who investigate the applicant and business premises before rendering a decision on a license application. All department reports and recommendations must be received before any license will be issued. For this reason, cooperation with the requests of the Village employees conducting any investigation is required to avoid unnecessary delay in the processing of an application.
4. All business owners and managers need to submit to fingerprinting by the River Grove Police Department. Contact a detective at (708) 453-2121.
5. Please make a copy of all application documentation for your business records.
6. In the event that the applicant commences business operations before receiving a business license, any applicable license fee shall be increased by two hundred fifty dollars (\$250.00).

**DO NOT OPEN YOUR BUSINESS
UNTIL YOU RECEIVE YOUR
LICENSE CERTIFICATE**

APPLICANTS MUST SIGN BELOW AND RETURN THE ORIGINAL COPY OF THIS NOTICE TO THE VILLAGE AS PART OF THE APPLICATION.

I acknowledge receipt of a copy of this notice this _____ day of _____, _____

Signature

Printed or Typed Name

Title

Business Name

Village Employee

Date

FREQUENTLY ASKED QUESTIONS

How long does it take to process my application?

License applications can be completed in as little as 15 days, or as long as 60 days, depending upon circumstances. You can expedite the process by having all items on your checklist included with the application. Fingerprint result times may vary, as do our inspection schedules.

When can I open my business?

You must wait for your Business License Certificate to be issued. It will be accompanied by a letter from the Mayor. Until your certificate is received, you are **NOT** able to conduct business. Conducting business without a license will result in a \$250 fine.

Why do owners and managers need to be fingerprinted? Will we be fingerprinted yearly?

The Village requires owners and managers of a business to be fingerprinted one time for the safety of the public as well as the safety of the business owner. Fingerprints are not repeated, as updates are automatic. However, each new manager will need to be fingerprinted when hired.

I am planning on ordering a sign for my business, Does the Village require a permit?

Yes, a sign permit application is attached. This permit applies to indoor as well as outdoor signage. Please contact the building department with any questions.

Who will be billed for my water service?

A water service application is attached. Please consult with your lessor (if renting), regarding the monthly water bills.

What fees are associated with opening a business?

Each business category has a slightly different license fee, however, there are a few standard fees:

License deposit - \$100

Health inspection - \$80

Fingerprints - \$39

These fees are subject to change.

What kind of inspections are necessary?

Each new business must be inspected by the building, fire, electrical, plumbing, and health inspectors for code and safety compliance. Please contact the building department with any inspection questions.



Village of River Grove

2621 North Thatcher Avenue
River Grove, Illinois 60171-1698
Telephone (708) 453-8000 • Fax (708) 453-0761

BUSINESS LICENSE APPLICATION

COMPLETE THIS APPLICATION IN ITS ENTIRETY IN PRINT OR TYPE:

A. BUSINESS INFORMATION

Legal Name Of Business: _____

Trade Name Or Assumed Name Of Business: _____
(Please attach certificate of filing and publication as filed with the Clerk of Cook County.)

Business Address: _____ River Grove IL

Telephone #: _____ Fax #: _____

Email: _____ Website: _____

FEIN#: _____ IBT#: _____

ROT Registration #: _____ Current State Liquor License No: _____

Check One: Sole Proprietorship Partnership Corporation Limited Liability Company

B. OWNER(s) INFORMATION (attached additional sheets if necessary)

1. Name: _____ Title: _____ Share or Ownership %: _____

Date of Birth: _____ Home Telephone: _____ Cell Phone: _____

Residential Address: _____

2. Name: _____ Title: _____ Share or Ownership %: _____

Date of Birth: _____ Home Telephone: _____

Residential Address: _____

3. Name: _____ Title: _____ Share or Ownership %: _____

Date of Birth: _____ Home Telephone: _____

Residential Address: _____

4. Name: _____ Title: _____ Share or Ownership %: _____

Date of Birth: _____ Home Telephone: _____

Residential Address: _____

C. TYPE OF BUSINESS (Describe In Detail)

Estimated number of employees? _____

D. MANAGER(s) INFORMATION

Manager: _____ Non-Work Telephone: _____

Residential Address: _____

Manager: _____ Non-Work Telephone: _____

Residential Address: _____

E. BUILDING INFORMATION

Does applicant own premises for which this license is sought? _____

Does applicant have a lease on such premises covering the full period for which license is sought? _____

If yes, complete the following:

Lessor Name: _____ Contact Person: _____

Lessor Address: _____

Period Covered by Lease: From: _____, 20____ to: _____, 20____.

What are the hours of operation of the business: _____

G. CERTIFICATION OF APPLICATION: Under penalty of perjury, I declare that I have examined the completed application and all supporting documentation and attachments submitted by me in connection with the application, and hereby certify that the information provided in the application, attachments, and supporting documentation is true, correct, and complete. I hereby authorize the Village of River Grove to make inquiries to verify the accuracy of the statements and information provided in this application or any of the accompanying documents. I understand that any false statements or misrepresentations of any fact contained in this application, or the omission of any material fact, is grounds for denial or revocation of the license.

(This form must be signed by the president, owner, managing member, general partner, or partner of the applicant)

Signature

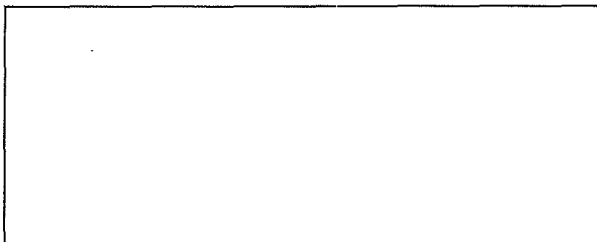
Printed or Typed Name

Title

Date

Subscribed and sworn to before me
this ____ day of _____, _____

Notary Public, State of Illinois





Village of River Grove
 2621 North Thatcher Avenue
 River Grove, Illinois 60171-1698
 Telephone (708) 453-8000 • Fax (708) 453-0761

INDEBTEDNESS AFFIDAVIT

Complete this affidavit. Failure to list all debts and outstanding parking violations may lead to denial or revocation of your business license:

STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

I, _____, swear that the following is true: :

My home address is: _____

The business address is: _____

Read the following statements and initial in the space provided:

____ (initials) I have made inquiries and conducted an investigation of the partnership, all partners of the licenses, the corporation or limited liability company, the shareholders or members owning more than 5% or more of the shares of the licensed business or the sole proprietor of the business to be licensed regarding debts any of them may owe to the Village of River Grove and any outstanding parking violation which may have been issued to any vehicle owned by any of them.

____ (initials) Set forth below and described in detail are any OTHER debts due and owing to the Village of River Grove and all outstanding parking violations incurred by any licensee, any individual partner, or any person owning more than 5% or more of the licensed business:

Description of Debt:	Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

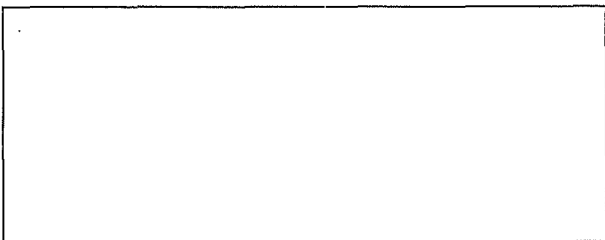
I have completed this affidavit and certify that the information is true, correct, and complete.

 Signature

 Printed or Typed Name

Subscribed and sworn to before me
 this ____ day of _____, _____

 Notary Public, State of Illinois





Village of River Grove

2621 North Thatcher Avenue
River Grove, Illinois 60171-1698
Telephone (708) 453-8000 • Fax (708) 453-0761

AMUSEMENT DEVICE & VENDING MACHINE LICENSE APPLICATION

Date: _____ Name of Applicant: _____

Business Name Where Machines Will Be Located: _____

Business Address Where Machines Will Be Located: _____

Every business must apply for a license to operate each and every amusement and vending device before operation. Each device accepting coins or tokens permitting the operation of the device is considered a separate amusement or vending machine. This includes any temporary vending or amusement machines. All vending and amusement devices must be licensed prior to operation.

The Business Owner is ultimately responsible for the payment of all amusement and vending machine licenses, and will be responsible for payment of all licenses.

Single Slot Machine	\$60.00 per machine
Multiple Slot Machine	\$35.00 / per slot, per machine
Juke Box	\$100.00 per machine

LIST ALL AMUSEMENT OR VENDING MACHINES TO BE LICENSED:

(Use a separate sheet for each different vendor.)

Vendor Name: _____

Address: _____

Phone Number: _____ Contact: _____

1. Type of Unit: _____ Serial Number: _____

Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)

Food or Product: _____

2. Type of Unit: _____ Serial Number: _____

Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)

Food or Product: _____

3. Type of Unit: _____ Serial Number: _____

Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)

Food or Product: _____

(USE BACK OF SHEET IF NECESSARY)

4. Type of Unit: _____ Serial Number: _____
Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)
Food or Product: _____

5. Type of Unit: _____ Serial Number: _____
Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)
Food or Product: _____

6. Type of Unit: _____ Serial Number: _____
Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)
Food or Product: _____

7. Type of Unit: _____ Serial Number: _____
Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)
Food or Product: _____

8. Type of Unit: _____ Serial Number: _____
Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)
Food or Product: _____

9. Type of Unit: _____ Serial Number: _____
Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)
Food or Product: _____

10. Type of Unit: _____ Serial Number: _____
Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)
Food or Product: _____

11. Type of Unit: _____ Serial Number: _____
Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)
Food or Product: _____

12. Type of Unit: _____ Serial Number: _____
Singe Coin/Token Slot: _____ Multiple Coin/Token Slots: _____ (number of slots)
Food or Product: _____

(USE A SEPARATE SHEET IF NECESSARY)

The undersigned certifies that the information contained in this application is true, correct and complete, and authorizes the Village of River Grove to make inquiries to verify the accuracy of the statements made in this application. Any false statements, omissions, or misrepresentations of any facts contained in this application are grounds for denial of an application or license revocation.

Signature

Printed or Typed Name

Title or Position

Business Name



**Building Department
Village of River Grove**

2621 North Thatcher Avenue
River Grove, Illinois 60171-1698
Telephone (708) 453-8000 • Fax (708) 453-0761

PERMIT NUMBER: _____

PERMIT FEE: _____

SIGN PERMIT APPLICATION

PLEASE PRINT (All information MUST be completed)

BEFORE PROCEEDING WITH ANY CONSTRUCTION, YOU ARE ADVISED TO VERIFY COMPLIANCE WITH ALL APPLICABLE ZONING AND/OR BUSINESS LICENSE REQUIREMENTS FOR CONDUCTING ANY BUSINESS OR ENTERPRISE

Date: _____

LEGAL BUSINESS NAME: (MUST APPEAR ON SIGN) _____

Property Owner's Name: _____ Phone: _____

Property Address: _____

TYPE OF CONSTRUCTION: Residential Commercial Industrial

TYPE OF WORK: New Maintenance

VALUATION \$ _____ Temporary Permanent

TEMPORARY SIGN DATES (if applicable) **A PERIOD NOT TO EXCEED 30 DAYS**

Starting Date: _____ Ending Date: _____

Installing Contractor: _____ Phone: _____

Address: _____

Electrical Contractor: _____ Phone: _____

Address: _____

TYPES OF SIGNS: AWNING AND CANOPY ELECTRONIC DISPLAY SCREEN
 FREESTANDING POLE ELECTRONIC MESSAGE CENTER
 FREESTANDING MONUMENT PROJECTING
 STREET CLOCK WALL
 WINDOW OTHER: _____

SIZE OF SIGN:

Length: _____ Width: _____ Height: _____ Sq. Ft.: _____ Weight: _____

REQUIREMENTS FOR OBTAINING VILLAGE OF RIVER GROVE BUILDING PERMIT

1. Certificate of Insurance required for each permit application (\$1,000,000 minimum liability) required
2. Completed Building Permit Application
3. \$10,000 permit bond for each Contractor and Subcontractor
4. If plans are required (room additions, dormers, fences garages signs) furnish four (3) sets (certified)
5. Village of River Grove Business License required for all Contractors and Subcontractors
6. Plumbing and Roofing Contractors also require copy of State License
7. Electrical Contractors also require copy of registration from licensing municipality
8. **DO NOT COMMENCE WORK BEFORE PERMIT IS ISSUED,**
\$200.00 fine or fees doubled (whichever is greater) if work is started before permit is issued.

Applicant's Signature

Phone Number

Printed Name



Village of River Grove

2621 North Thatcher Avenue
River Grove, Illinois 60171-1698
Telephone (708) 453-8000 • Fax (708) 453-0761

PROPERTY OWNER FORM

Please type or print

(Complete both sides of Application)

Date of Application: _____

PROPERTY ADDRESS: _____

OWNER INFORMATION

Billing Address yes ___ no ___

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

Owner(s) Driver's License No. & State: _____

TENANT INFORMATION: (if applicable)

Billing Address yes ___ no ___

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

MANAGEMENT COMPANY: (if applicable)

Billing Address yes ___ no ___

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

OWNER(S) SHALL BE RESPONSIBLE FOR THE REQUESTED SERVICE

PROPERTY IDENTIFICATION:

Single Family _____ Condo _____ Condo _____ Rental _____ Commercial _____
(Water & refuse) (Unit) (Association) (Water) (Water)

PERMANENT REAL ESTATE INDEX NUMBER: _____

ZONING CLASSIFICATION OF PROPERTY: Check One Only:

R-1 ___ R-2 ___ R-3 ___ R-4 ___ C-1 ___ C-2 ___ C-3 ___ C-4 ___ M-1 ___ M-2 ___

Confirmed by Village: Initial _____ Date _____

(over)

PROPERTY OWNER FORM

TERMS OF VILLAGE SERVICES

(Read carefully before signing):

I/We hereby request that the Village of River Grove commence water and sewer service and/or refuse services at the above-identified property on or after _____.

I/We understand that the water used at the premises shall be registered and measured by meter. If a meter fails to register the quantity of water that passes through it at any time, then the quantity shall be determined and charged based upon the average quantity registered during such preceding period of time prior to the date of failure. No deductions shall be made from bills on the account of leakage. I/We also understand that sewer services provided by the Village shall be charged based upon the metered water usage, and further that if applicable refuse services provided through the Village shall be provided on a weekly basis. I/We understand that I/we must comply with all ordinances regarding sewer and refuse services, and that I/we shall pay the standard monthly service fees to the Village.

I/We hereby acknowledge that all persons signing this application shall be jointly and severally responsible for the payment of any water, sewer and/or refuse services supplied by the Village of River Grove or its agents as a result of this application until written notice is given to the Village at least ten (10) days in advance of the date that such services be terminated by the Village of River Grove.

By making this application and signing below, I/We hereby authorize the Village to shut off and terminate all water services and/or refuse services without notice if any bill for such services is not paid within sixty (60) days of its due date. I/We understand that partial payment of any amount due and owing the Village of River Grove shall not toll the sixty (60) day period without an express written agreement signed by a duly authorized officer of the Village of River Grove. I/We also understand and agree that the supply of water and water services may be stopped until all arrearages and the sum of Fifty Dollars (\$50.00) for shutting off and turning on water are paid in full to the Village of River Grove.

In the event that the Village of River Grove is required to commence a civil action to recover money due for water, sewer and/or refuse services rendered, I/We agree that the Village of River Grove shall be entitled to recover the judgment amount, plus costs and expenses, including reasonable attorney's fees, incurred in collecting said money from any or all persons signing this application.

By my/our signature(s) below, I/we hereby represent that the information provided in this application is true and correct to the best of my/our belief; that I/we understand that this property is located within the zoning district indicated above, and that any conversion or use of this property in violation of the zoning code of the village shall subject me/us to corrective action by the village. This includes without limitation the conversion of a single family dwelling unit into a multi-family dwelling unit in violation of the village code, that would require the removal of any unlawful dwelling units upon complaint to or inspection by the village. In the event the village is required to commence legal action to ensure my/our compliance with the zoning code of the village and the court determines that a violation exists, I/we understand that I/we shall be responsible for the cost of all corrective actions, plus the court costs, including reasonable attorney fees, the village incurs in taking such action.

Owner's Signature (Required)

Printed name

Occupant's Signature

Printed name

Authorized Party's Signature

Printed name

BUSINESS LICENSE CHECK LIST

Amounts Due: Deposit \$ 100.00 (non-refundable)

Fingerprints: _____ x \$39 = \$ _____

Health Inspection: \$ 80.00 (if applicable)

____ Zoning Form

____ Signed Cover Letter Notice

____ Cook County Clerk's Certificate of Assumed Name, recorded with the CC Recorder's Office

 ____ Certificate of Publication of Assumed Name, when applicable

____ Certificate and Articles of Incorporation or Organization; or Certificate to Transact Business

____ Purchase Agreement, or Lease of the Business Premises if Business Entity Does Not Own Property

____ Certificate of Liability Insurance covering the Business Premises and Operations

____ Completed Application Packet

____ Signed Indebtedness Affidavit

 Monies owed to Village: Water \$ _____ Tickets \$ _____ Other \$ _____

____ Signed Application for Occupancy Placard

____ Amusement & Vending Application

 # _____ Vending # _____ Amusement # _____ Jukebox

____ Illinois Department of Public Health Food Sanitation Certificate and
 ILCC BASSET Alcohol Server's Certificate, if applicable

____ Service Menu if a Food, Beverage or Liquor Service Establishment

____ Detailed Floor Plan of Business Premises

____ Detailed Business Site Plan For Proposed Businesses, when applicable

____ Sign Permit

____ Fingerprints

State License: _____

