

**VILLAGE OF SUMMIT**  
**7321 W. 59<sup>TH</sup> STREET SUMMIT, ILLINOIS 60501**

**APPLICATION FOR A BUSINESS LICENSE**

**Date Submitted:** \_\_\_\_\_ **Initial:** \_\_\_\_\_ **Renewal:** \_\_\_\_\_

This is solely an application and is not permission to open the establishment or operate a business until all Ordinances of the Village of Summit have been fully complied with. The acceptance of the License Fee does not give the undersigned permission to operate until such Business License has been issued.

**ALL NEW LICENSES ALSO REQUIRE AN OCCUPANCY CERTIFICATE**  
**BEFORE THE BUILDING CAN BE OCCUPIED.**

**PLEASE TYPE OR PRINT CLEARLY IN INK. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Property Index Number: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Description of Business: \_\_\_\_\_

\_\_\_\_\_

Illinois Business Tax #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

For Corporation / LLC / Partnership:

Illinois Secretary of State Registration #: \_\_\_\_\_

For Corporation:

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

<b>Check – all applicable - of the following that will or are being sold or maintained on business premises.</b>					
		<i>How Many</i>			<i>How many</i>
Amusement			Motor Vehicle Repair		
Air Pump			Motor Vehicle Sales		
Cleaning Product Machine			Pool Table		
Food (eat-in)			Soft drinks (package)		
Food (take-out)			Soft drinks (pour)		
Gas / Diesel Pump			Tobacco		
Ice Machine			Vacuum		
Juke Box			Video Gaming		
Liquor (package)			Video Rental		
Liquor (pour)			Other (describe):		
Live Entertainment					
Lottery Machine					

**State of Illinois Licenses:** *Any business that requires State Occupational / Business Licenses – a copy MUST be provide with application – examples but not limited to: medical; cosmetology; food service; day care; dog grooming*

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**APPLICATION FOR A BUSINESS LICENSE (page 2)**

**APPLICANT INFORMATION**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State ID #: \_\_\_\_\_

**Primary Contact information (if different from Applicant):**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State ID #: \_\_\_\_\_

**Type of Ownership:** Individual: \_\_\_\_\_ Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_  
LLC: \_\_\_\_\_ NFP: \_\_\_\_\_

**Partners / LLC Members / Corporate Officers**

Name	Address	Phone	%

**CERTIFICATE OF INSURANCE (proof of liability) provided:**      \_\_\_ Yes      \_\_\_ No

**Signature:**

\_\_\_\_\_

*All applications must be signed and a valid ID presented*

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

**For Official Use Only:**

	<b>Documentation Received</b>	<b>License Fee Received</b>	
ID (Drivers / State)			
Social Security Card			
Certificate of Insurance (proof of liability)			
General Business			
Liquor			
Video Gaming			
Live Entertainment			
Other Applicable Fees (describe):			
State Licenses (describe): <i>Any business that requires State Occupational / Business License MUST be provided with application – examples but not limited to: medical; cosmetology; food service; day care; dog grooming.</i>			