



Franco Coladipietro
Village President

Jane E. Micholetti
Village Clerk

**BUSINESS LICENSE APPLICATION
VILLAGE OF BLOOMINGDALE**

201 S. Bloomingdale Road, Bloomingdale, IL 60108
(630) 671-5660

**THIS FORM MUST BE FILLED OUT COMPLETELY AND
RETURNED FOR PROCESSING.**

Type of Business: _____ Gross Sq. Footage: _____

Business Name: _____ Business Phone: _____

Business Address: _____ Shopping Center: _____

Corporate Name (if applicable): _____

Corporate Address: _____
(Street Address) (City, State Zip) (Phone #)

Renewal Notice/Business License sent directly to Corporate Office? YES _____ NO _____

Illinois Business Tax Number (IBT) (8 digits) _____ - _____ (necessary to obtain license)

Owner Name _____ Email: _____ Phone: _____

Owners Home Address: _____

Mgr. Name: _____ Email: _____ Phone: _____

Mgr. Home Address: _____

Over-the-Counter Tobacco Sales: _____ Jukebox Machines: _____ Vending Trucks: _____

Other Vending Machines: _____
(Number and Type/Product)

Amusement Games: _____
(Number and Game Type)

Vending/Amusement Device Lessor: _____
(Company Name, Street Address, City, State, Zip)

NOTE: Coin operated devices & machines require a license before being displayed or used. The Business Owner is responsible for obtaining a license before using or displaying the machine. Not to do so is a violation and subject to fine.

The applicant does hereby agree to operate the aforesaid place of business in accordance with regulations and ordinances of the Village of Bloomingdale, DuPage County, IL, now in force, and any others that may be enacted during the duration of this license.

The petitioner is ready and willing and does hereby agree to operate the aforesaid place of business in accordance with the Police regulations and ordinances of the Village of Bloomingdale, DuPage County, Illinois, now in force, and any others that may be enacted during the duration of this license.

Owner's Signature _____ Date _____

Approved by:
Michael Gricus, Building Commissioner _____ Date _____

RETURN FORM BY MAIL, FAX OR EMAIL TO:

Bloomington Police Department
201 S. Bloomington Rd.
Bloomington, IL. 60108-1499
(630) 529-9868

FAX: EMERGENCY CONTACTS
(630) 529-9897

EMAIL: whitsellc@vil.bloomington.il.us

BUSINESS EMERGENCY CONTACTS

BFPD Bus ID#	Sector:
Fax Date:	

Dear Building Owner /Occupant:

You are required by code to provide updated file information on an annual basis. The information you provide is confidential and will be used only for communications between you and the Bloomington Fire Protection District and Bloomington Police Department. Please read and complete this business file information in its entirety and return by mail, email or fax it to us. Please retain a blank copy of this form for your records and forward an updated copy anytime personnel or owner information changes.

DATE: _____ **Business Name:** _____

Business Hours _____ **Unit #** _____

Address: _____ **City:** _____

Premise Phone: _____ **After Hours:** _____ **Fax:** _____

Owner of Business: _____ **Home Phone:** _____

Home Address: _____ **City/State/Zip:** _____

Legal Owner of Building: _____ **Phone:** _____

Home Address: _____ **City/State/Zip:** _____

Email: _____

Management Company: _____ **Representative:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Do you have an alarm system? Yes ___ **No** ___ **Type of alarm: Silent** ___ **Outside Ringer** ___

Burglary ___ **Hold Up** ___ **Fire** ___ **Name and Phone of Alarm Co.** _____

Please indicate below who to contact during non-business hours should the need arise with the closest person listed first. Should we require immediate assistance at your business, we will contact them in the order listed below.

1. **Name:** _____ **Cell Phone:** _____

Home Phone: _____ **Other:** _____

2. **Name:** _____ **Cell Phone:** _____

Home Phone: _____ **Other:** _____

3. **Name:** _____ **Cell Phone:** _____

Home Phone: _____ **Other:** _____

