

# Village of Broadview

## Business License Requirements & Procedures

1. Complete Business License Application  
(Application form and all pertinent information are available at the Village Hall or on the Village website: [www.broadview-il.gov](http://www.broadview-il.gov))
2. Submit the Business License application to the Building Department at the Village Hall. The application should be completed for the specific business desired.
3. Provide copies of the State Sales Tax #, FEIN # and corporation papers for the business.
4. Schedule an inspection with the Building Department-inspection fee required. A re-inspection will be needed if violations are found.
5. Once all inspections have been approved the Business License application will be forwarded to the Building Commissioner for review. After reviewing the application, it will be sent to the Mayor and the Village Board for consideration.
6. The Village Board meetings are held every 1<sup>st</sup> and 3<sup>rd</sup> Monday's of every month.
7. The Building Department will notify the applicant of the Board's decision on the application.
8. Business License will not be issued until payment is made in full.
9. Business Licenses are valid for 12 months - January 1<sup>st</sup> through December 31<sup>st</sup> of each year.
10. You must have a valid Business License to operate in the Village of Broadview.
11. Business Licenses are renewable in November of each year.
12. Unpaid fees for Business Licenses are past due effective January 1<sup>st</sup> of the following year. Business License fees are non-refundable.
13. Business Licenses approved during the year, the fees will be prorated on a monthly basis for the remainder of the calendar year.
14. Business Licenses are not transferable- either from address to address or from person to person.
15. Businesses found operating without a valid Business License will be SHUTDOWN and FINED the maximum amount as allowed by the law.



Fire Dept.	<input type="checkbox"/>	__/__/__	Electrical	<input type="checkbox"/>	__/__/__
Building Dept.	<input type="checkbox"/>	__/__/__	Plumbing Dept.	<input type="checkbox"/>	__/__/__
Health Dept.	<input type="checkbox"/>	__/__/__	Village Clerk	<input type="checkbox"/>	__/__/__

## VILLAGE OF BROADVIEW

### APPLICATION FOR BUSINESS LICENSE

New Business   
  Change of Ownership   
  Change of Name

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

**SECTION 1**

Business Name \_\_\_\_\_  
 D/B/A \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email \_\_\_\_\_

FEIN NUMBER  STATE SALES TAX #

Sole Proprietorship   
  Partnership   
  Not For Profit   
  Corporation   
  LLC

State of Incorporation \_\_\_\_\_  
 Name of Corporation \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax # \_\_\_\_\_  
 Federal License # \_\_\_\_\_ (Copy of License will be required with application)  
 State License # \_\_\_\_\_ (Copy of License will be required with application)

**SECTION 2 – Owners/Partners/Officers**

This section must be completed

NAME	TITLE	ADDRESS	CITY	STATE

I, the applicant, do hereby personally in my capacity as \_\_\_\_\_ of \_\_\_\_\_  
 Corporation do hereby certify and represent that I/The Corporation have not heretofore had a business  
 license revoked by any municipality or government agency, and further state that I/the Corporation will  
 otherwise comply with all Village Codes and other applicable Statutes and laws in the operation and  
 conduct of the business

**SECTION 3**

Nature of Business \_\_\_\_\_  
Brief Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Property Owner Name \_\_\_\_\_

**SECTION 4 - Business Profile**

President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Treasurer \_\_\_\_\_

**Business Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Hours of Operation \_\_\_\_\_ to \_\_\_\_\_

Number of Employees \_\_\_\_\_

Seating Capacity \_\_\_\_\_ (If applicable)

Company Vehicles  Yes  No State of Registration \_\_\_\_\_

**Vending Equipment:**

- Pop/Water  Coffee  Food/Snacks  Candy  Cigarettes  Amusement  
 Food Truck  Ice Cream Truck  Washing Machines  Dryers  Detergent/Bleach  
 Gumball/Novelty

STICKER NO. \_\_\_\_\_

Hazardous Materials on Premise  Yes  No (If yes, list Generic Name & Quantity below)

Name \_\_\_\_\_ Quantity \_\_\_\_\_  
Name \_\_\_\_\_ Quantity \_\_\_\_\_  
Name \_\_\_\_\_ Quantity \_\_\_\_\_

**SECTION 5**

Property  Owned  Leased Lease Term \_\_\_\_\_

Building Size \_\_\_\_\_ Squared Feet \_\_\_\_\_ Parking Stalls \_\_\_\_\_

If Leased, provide the following:

Property Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BUSINESS LICENSES SHALL BE DISPLAYED IN A VISIBLE LOCATION**

Violation of any law of the State of Illinois, the United States of America, or any ordinance of the Village of Broadview in force and effect during all or part of the period covered by any license issued pursuant to this application in the conduct of said business, will result in a revocation of the license issued hereunder

Signature \_\_\_\_\_ Date \_\_\_\_\_





Thomas Mills  
Chief of Police

# BROADVIEW POLICE DEPARTMENT

2350 SOUTH 25<sup>th</sup> AVENUE • BROADVIEW, IL 60155-3800  
708-345-6550 Fax: 708-681-0248

## Emergency Information

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Business Email: \_\_\_\_\_  
Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Hours: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_  
Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

### Key holders to be contacted, please list as many as possible.

(please list in the order you wish calls to be made for after hour emergencies. Be sure to include area codes.)

#1 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell phone \_\_\_\_\_  
City/State \_\_\_\_\_

#2 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell phone \_\_\_\_\_  
City/State \_\_\_\_\_

#3 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell phone \_\_\_\_\_  
City/State \_\_\_\_\_

#4 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell phone \_\_\_\_\_  
City/State \_\_\_\_\_

#5 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell phone \_\_\_\_\_  
City/State \_\_\_\_\_

