



CHECKLIST FOR THE  
BUSINESS REGISTRATION CERTIFICATE

**ALL APPLICANTS MUST REMIT THE FOLLOWING DOCUMENTS FOR PROCESSING**

- Completed application for Business Registration Certificate
- Copy of the Articles of Incorporation issued by the IL Secretary of State (for LLC, LLP and corporations)
- Copy of the Assumed Name Certificate issued by the County Clerk (for sole proprietorships)
- Copy of the current 501(c)(3) acceptance letter issued by the IRS (for not-for-profit organizations)
- Copy of licenses issued by the IL Division of Professional Regulation (if applicable)
- Payment for the appropriate fee

**Fees are reduced by 50% for applications submitted after July 1<sup>st</sup> each year**

<u>SQUARE FOOTAGE</u>	<u>FEE</u>	<u>ALARM SYSTEM</u>	<u>FEE</u>
0 – 2,500	\$ 55.00	Siren/Local	\$ 15.00
2,501 – 5,000	\$ 110.00	Contracted Company	\$ 15.00
5,001 – 10,000	\$ 165.00	Direct Connect to City	\$125.00
10,001 – 15,000	\$ 280.00	(Fox Valley customers pay the Direct Connect Fee)	
More than 15,000	\$ 560.00		

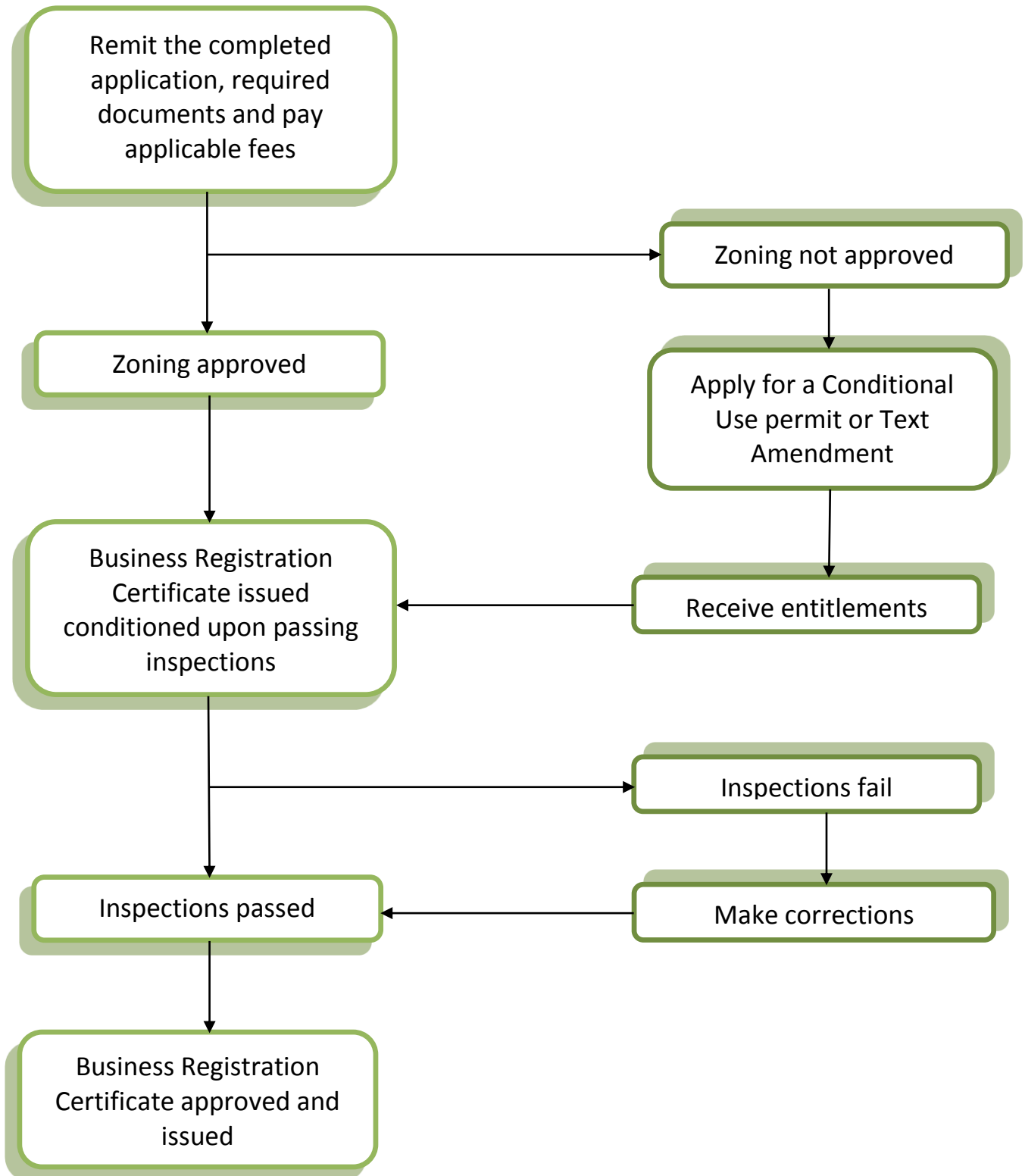
**FOR FOOD RELATED APPLICANTS INCLUDE THE FOLLOWING DOCUMENTS**

- Copy of the IL Food Safety Manager Certification
- Copy of the current Waste Disposal Contract for this location
- Copy of a current Pest Control Contract for this location

**DEPARTMENT PHONE NUMBERS FOR FURTHER QUESTIONS OR CONCERNS**

- Zoning Department / 847-391-5306  
For information on permitted uses, the zoning of a property and available sites
- Building Department / 847-391-5380  
For information on building renovations, alterations and requirements for building permits
- Fire Prevention Bureau / 847-391-5340  
For information pertaining to fire safety requirements
- Health & Sanitation Department / 847-391-5377  
For information pertaining to food related, environmental, state and health/safety requirements
- Licensing Division / 847-391-5366  
For information on registration requirements, licensing requirements and status of an application

PROCESS FOR THE  
BUSINESS REGISTRATION CERTIFICATE





COMMUNITY AND ECONOMIC DEVELOPMENT

1420 Miner Street
Des Plaines, IL 60016
P: 847.391.5366
desplaines.org

APPLICATION FOR THE BUSINESS REGISTRATION CERTIFICATE

For inspection scheduling, complete the following information: Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

BUSINESS INFORMATION

Name of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SqFt: \_\_\_\_\_

Billing Address: \_\_\_\_\_ IL Bus Tax ID #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DESCRIPTION OF THE BUSINESS

Will dangerous chemicals/materials be stored or used on the premises? [ ] NO [ ] YES (detail in the description below)

Will alcoholic beverages be served or sold on the premises? [ ] NO [ ] YES (detail in the description below)

Will tobacco products be sold on the premises? [ ] NO [ ] YES

Will any company vehicles be registered or stored on the premises? [ ] NO [ ] YES

Explain in specific detail the business that will be conducted at this location. Include a description of products to be sold and/or stored, services to be provided, business hours/days of operations, number of employees, etc.

Four horizontal lines for providing business details.

BUSINESS OWNER / APPLICANT INFORMATION (For corporations and LLCs, list the owner, president, or member)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

PROPERTY OWNER / PROPERTY MANAGEMENT INFORMATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**ALARM INFORMATION**

Please refer to 5-7 of the municipal code for fees and information pertaining to False Alarms Occurrences

Type of Alarm System:  NONE  BURGLAR ONLY  FIRE ONLY  BOTH

Alarm Notification:  SIREN  CONTRACTED COMPANY  DIRECT CONNECT TO THE CITY

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1<sup>ST</sup> Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ #2: \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ #2: \_\_\_\_\_

**ATTESTATION**

I certify the above information is true and accurate to the best of my knowledge.

I understand that I may not conduct business at the place of business being registered without a valid and current Business Registration Certificate.

I understand the issuance of the Certificate is conditioned upon compliance with all applicable city ordinances, codes, regulations and related inspections.

I consent to the inspection of the registered place of business by city officers and employees to verify compliance with all city ordinances, codes, and regulations.

If there are any changes in the information provided to the City, it is my responsibility to remit current information in a reasonable amount of time.

I further understand that any false statement or omission of information may be cause for suspension, revocation or denial of the Certificate.

Applicant

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

**FOR OFFICE USE ONLY**

New Business    Zoning Class & Notes: \_\_\_\_\_     Use Permitted    Date and Initials: \_\_\_\_\_

New Owner    \_\_\_\_\_     Use NOT Permitted    \_\_\_\_\_

New Location    \_\_\_\_\_     Conditional Use Permit Required

Name Change Only     Text Amendment Required

Fire Prev     Health/Plumbing     Code Enforce     Utility     Finance     Police     Legal