





# BUSINESS LICENSE APPLICATION

## Department of Licensing and Collections

It is your responsibility to maintain all your business information current with the City of Waukegan and comply with all ordinance requirements.

Information pertaining to business licenses can be found within Chapter 14: Licenses and Miscellaneous Business Regulations under the Code of Ordinances for the City of Waukegan. This information can be accessed online via our website: [www.waukeganil.gov](http://www.waukeganil.gov).

### BUSINESS LICENSE FEES

#### STEP 1: APPLICATION FEE

**LICENSE APPLICATION FEE (Non-Refundable) ..... \$25.00**  
 This may be invoiced and sent to your e-mail

#### STEP 2: BUILDING FEE

Please do not pre-pay. Instructions will be sent to your e-mail once this step is reached.

**OCCUPANCY PERMIT..... \$100.00**  
 (Does not apply to home based businesses)

#### STEP 3: LICENSE FEES

Please do not pre-pay. An invoice will be sent to your e-mail once the application is approved

**NON-PROFIT ..... \$NO COST**  
 (Need documentation proof, such as: Secretary of State registration/IRS letter/Certificate of Good standing from Secretary of State)

**HOME BASED ..... \$100.00**

**UP TO 3,000 SQF ..... \$150.00**

**3,001 SQF – 9,999 SQF ..... \$300.00**

**10,000 SQF – 19,999SQF ..... \$600.00**

**20,000 SQF and above ..... \$1,200.00**

**INSUFFICIENT FUNDS FEE ..... \$35.00**

Business Licenses are due on December 31<sup>st</sup> of each calendar year.

Payments for business licenses must be received prior to December 31<sup>st</sup> to avoid a late fee.

Post dated envelopes are not accepted.

Payments for step #1 and step #3 are accepted in 4 methods.

Online / Mail / Licensing Dept Front Counter / Drop box, between City Hall and Police Dept.



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## EMERGENCY KEYHOLDER INFORMATION

IN ORDER TO PROVIDE EFFECTIVE AND EFFICIENT FIRE AND PARAMEDIC ASSISTANCE, IT IS IMPORTANT FOR US TO HAVE CURRENT BUSINESS AND KEYHOLDER INFORMATION FOR YOUR BUSINESS. THIS ENABLES US TO CONTACT THE APPROPRIATE PERSON(S) OF A SITUATION THAT MAY WARRANT THEIR ATTENTION.

THANK YOU FOR YOUR ASSISTANCE AND COOPERATION.

DATE: \_\_\_\_\_ FIRE ALARM NUMBER \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS OWNER NAME: \_\_\_\_\_

BUSINESS OWNER ADDRESS: \_\_\_\_\_

FIRE ALARM SERVICE CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IN CASE OF EMERGENCY – CONTACTS:

1. \_\_\_\_\_ PHONE: \_\_\_\_\_

2. \_\_\_\_\_ PHONE: \_\_\_\_\_

3. \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY ADDITIONAL INFORMATION: \_\_\_\_\_

PLEASE MAKE BLANK COPIES SO YOU CAN MAKE CHANGES IN THE FUTURE. MAIL TO:

**WAUKEGAN FIRE DEPARTMENT  
ATTN: FIRE PREVENTION  
1101 BELVIDERE ST  
WAUKEGAN IL 60085**