

BUSINESS LICENSE APPLICATION
Department of Licensing and Collections

Please circle one:

NEW APPLICATION RENEWAL CHANGE OF ADDRESS, BUSINESS NAME OR OWNERSHIP

BUSINESS INFORMATION

Business Name: _____ Business Phone: _____
 Business Location: _____ Square Footage: _____
 Mailing Address: Same as above - _____
 Business Description: _____ Under Construction: Yes No
 Business Type: Corporation LLP / LLC Sole Proprietor Non-Profit | Home Based: Yes No
 Illinois Sales Tax ID: _____ FEIN: _____
 Waukegan Start Date: Month: _____ Year: _____ Website: _____
 No. of Vending Machines: _____ No. of Amusement Devices: _____ No. Video Gambling Devices: _____
 Will there be sale of Tobacco Products? Yes No | Will there be sale of Liquor? Yes No
 Will there be sale of Food or Beverage? Yes No

OWNER INFORMATION / RESPONSIBLE PARTY

Name and Title: _____ Owner: Responsible Party:
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____
 Date of Birth: _____ Contact Phone: _____

PROPERTY OWNER INFORMATION

Property Owner Name: _____ Contact Name: _____
 Owner Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ E-mail: _____

The signatory below certifies that to the best of his/her knowledge all the foregoing information is true and correct as provided.

 Applicant Name Applicant Signature Date

NOTE: • A \$25.00 non-refundable application fee is required. All signs require a permit.
 • All businesses selling food must contact the County Health Department at 847-377-8020.

FOR OFFICE USE ONLY				
Date Received:		Account Number:		
Date Pickup Up:		License Number:		
REVIEWED BY:	APPROVED	DENIED	DATE	INITIALS
Planning & Zoning				
Building				
Fire				

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.

APPLICATION FEES

LICENSE APPLICATION FEE (*Non-Refundable*) \$25.00

BUSINESS LICENSE FEES

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

NON-PROFIT \$NO COST

HOME BASED \$100.00

UP TO 3,000 SQF \$150.00

3,001 SQF – 9,999 SQF \$300.00

10,000 SQF – 19,999 SQF \$600.00

20,000 SQF and above \$1,200.00

INSUFFICIENT FUND FEE \$35.00

Business Licenses are due on December 31st of each calendar year. Payments for business licenses must be received prior to December 31st to avoid a late fee.



1101 Belvidere Rd. - Waukegan, IL 60085
847-249-5410 - www.waukeganil.gov

Sam Cunningham, Mayor
Janet Kilkelly, City Clerk
Dr. John Schwab, Treasurer

George Bridges Jr.
Fire Chief

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 NUMBER: _____ 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: _____



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Keyholder
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PLEASE MAKE A BLANK COPY SO IF YOU MAKE CHANGES IN THE FUTURE YOU CAN MAIL TO:

**WAUKEGAN FIRE DEPARTMENT
FIRE PREVENTION
1101 BELVIDERE STREET
WAUKEGAN, IL 60085**

OR YOU CAN FAX IT TO ATTENTION: Fire Prevention AT 847-249-5607