



300 Portwine Road Riverwoods, IL

Phone (847)945-3990 Fax (847)945-4059

## BUSINESS LICENSE APPLICATION

The Village of Riverwoods requires retail businesses in the B-1 zoning district to be licensed annually for any of the following uses: 1. Food establishments 2. Outdoor dining 3. Massage Spa. The main purpose of the license is to allow for the Village to investigate and inspect the premises to ensure compliance for all applicable codes. Once the application is submitted along with the accompanying fee of \$150.00, an inspection will be scheduled within 48 business hours. When the inspection is approved the license will be issued. Licenses are valid per calendar year from January 1 to December 31. Annual license renewals are required. Licenses are not transferrable.

For more information refer to Village Ordinance # 13-11-27.

-----  
Check one box. First Time License Application  License Renewal

BUSINESS NAME & DBA NAME (if different) \_\_\_\_\_

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

Should annual business license renewal invoices be sent to this address? \_\_\_ Yes \_\_\_ No

If no, to what address should it be sent? \_\_\_\_\_

BUSINESS EMAIL \_\_\_\_\_ BUSINESS WEBSITE \_\_\_\_\_

NAME OF BUSINESS OWNER \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ 24 HR PHONE \_\_\_\_\_

BRIEFLY DESCRIBE THE PROPOSED OPERATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal Employment Insurance Number (FEIN) \_\_\_\_\_

State of Illinois Business Taxpayer ID # \_\_\_\_\_



300 Portwine Road Riverwoods, IL 60015 Phone (847)945-3990 Fax (847)945-4059

## BUSINESS LICENSE APPLICATION

(Continued)

PROPOSED DAYS & HOURS of OPERATION Su \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ T \_\_\_\_ F \_\_\_\_ S \_\_\_\_

EMPLOYEES # of Full Time \_\_\_\_ # of Part Time \_\_\_\_ Maximum # Onsite at Any One Time \_\_\_\_

FLOOR AREA (SQUARE FOOTAGE) TO BE OCCUPIED \_\_\_\_\_

SERVICE & DELIVERY VEHICLES # in Daily Use \_\_\_\_ # Stored on the Premises Overnight \_\_\_\_

WILL THE PREMISES BE REMODELED AS FAR AS NEW PARTITION WALLS, ELECTRICAL, MECHANICAL, PLUMBING OR LIFE SAFETY SYSTEMS? Yes \_\_\_\_ No \_\_\_\_ A building permit may be required if marked yes.

DESCRIBE ANY SPECIAL EVENTS \_\_\_\_\_

---

---

---

---

---

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Approved by \_\_\_\_\_

Date \_\_\_\_\_

Date paid \_\_\_\_\_ Check# \_\_\_\_\_