

# VILLAGE OF GLEN ELLYN

## ZONING, OCCUPANCY AND BUSINESS REGISTRATION APPLICATION



535 Duane Street

Glen Ellyn IL 60137

(630) 547-5250

### Application Instructions:

The following application is required for all new businesses, a change in business ownership and/or change in business type or business use. The applicant should complete all required fields noted with an (\*) on the front page of this form. Staff will review the application within 5 business days and schedule the required inspections. Once the application and inspections are approved, the applicant will be contacted to pay the applicable fees. Upon receipt of payment, the applicant will receive proof of business registration, which must be updated and renewed annually.

### **BUSINESS INFORMATION** Business ID:

* Business Name:			
Doing Business As:		* Start Date:	
* Contact Name:		Title:	
* Address:	Glen Ellyn IL 60137		
* Number of Employees at this location:	FT:	PT:	* Square Footage:
* Business Phone:			* Business Fax:
* Description of Business:			

### **BILLING INFORMATION (If different from above)**

Billing Address:			
Contact Name & Dept.:			
Phone:		Fax:	
City:	State:	Zip Code:	

### **EMERGENCY CONTACT INFORMATION (minimum of 2 contacts)**

* Name	* Phone 1	Phone 2
Alarm Company Name	Address	Phone No.

### **REGISTRATION INFORMATION**

Will tobacco products be sold over the counter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will tobacco products be sold or dispensed through a vending machine? <i>(if yes, number of machines)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will liquor be dispensed or sold at this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is massage therapy offered at this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

