

**VILLAGE OF HUNTLEY**

10987 Main Street, Huntley, IL 60142  
Phone: 847-515-5252 Fax: 847-515-5241

**ANNUAL BUSINESS REGISTRATION/RENEWAL APPLICATION**

**Name of Business:** \_\_\_\_\_

Business Address: \_\_\_\_\_

IL State Tax ID: \_\_\_\_\_

City: \_\_\_\_\_

Sq. Footage: \_\_\_\_\_ # of Employees: \_\_\_\_\_

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

# of Bathrooms: \_\_\_\_\_ # of Exits: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Water Service Account #: \_\_\_\_\_

**Detailed Description of Business:** \_\_\_\_\_

Date Founded: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_

**Home-based businesses please answer:**

Will the home occupation be clearly incidental? \_\_\_\_\_

Will there be extra vehicles based out of your home? \_\_\_\_\_

How many employees (other than immediate family) will be employed? \_\_\_\_\_

Will there be stock-in-trade displayed or sold from the premises? \_\_\_\_\_

Will there be storage of any kind relative to the business? \_\_\_\_\_

If yes, please describe materials and location: \_\_\_\_\_

Does your business deal with food products? \_\_\_\_\_

If yes, please provide a copy of your license or sanitation certificate from the County Health Department

Does your business require the keeping or care of humans, animals, birds or reptiles? \_\_\_\_\_

**If you have vending machines, please answer:**

# of coin operated amusement machines? \_\_\_\_\_ Location: \_\_\_\_\_

# of coin operated vending machines? \_\_\_\_\_ Location: \_\_\_\_\_

# of mobile vending machines? \_\_\_\_\_ Location: \_\_\_\_\_

# of delivery vehicles? \_\_\_\_\_

**If you're opening a restaurant, please answer:**

What is the seating capacity of your restaurant? \_\_\_\_\_

Will you be delivering food to customers? \_\_\_\_\_

**Owner/Billing Name, Address & Ph. Number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Manager Name, Address & Ph. Number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

(To be signed by the owner above)

**Printed Signature:** \_\_\_\_\_ **Date of Signature** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE BELOW THIS LINE**

**Registration #:** \_\_\_\_\_ **Issuance Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiration Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fee Paid: \$** \_\_\_\_\_ **Date Paid:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To Whom:** \_\_\_\_\_