




847-931-5920 

Elgin311@cityofelgin.org 

www.cityofelgin.org/business 

150 Dexter Court, Elgin, IL, 60120 

## BUSINESS APPLICATION

Potential business owners should complete this form when you are ready to open your business in the City of Elgin. Once the form is submitted, a city staff member will contact you to discuss the next steps, based on your location and the type of business you wish to open. We strongly recommend that you inform city staff of your plans before making major commitments. By filling out this application you are applying for both a Certificate of Occupancy and a Business License.

### WHAT YOU SHOULD HAVE WITH YOU

- ▶ Business plan
- ▶ Floor plan (drawn to scale with dimensions and room labels as well as percentages of uses in each space)
- ▶ Site plan or plat of survey
- ▶ Payment for the business application fee of \$200

### WHAT YOU SHOULD KNOW

- ▶ If you haven't already checked the zoning for your desired location, we advise you to complete the Zoning Inquiry Form your first step before completing this application.
- ▶ No work can begin until you obtain the necessary permits.
- ▶ Once the work is complete and all the necessary inspections are passed, your Certificate of Occupancy and Business License will be issued.
- ▶ Additional documentation and fees may be required.
- ▶ If you are opening a home-based Business, you will need to complete the Residential Business Application instead of this one.

### REASON FOR REQUEST

I WANT TO OPEN A NEW BUSINESS:

Yes  No

OR

I HAVE AN EXISTING BUSINESS IN ELGIN AND I WANT TO:

- |  |  |
|--|--|
| <input type="checkbox"/> Expand                          | <input type="checkbox"/> Change ownership      |
| <input type="checkbox"/> Modify my business/add services | <input type="checkbox"/> Relocate within Elgin |

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## BUSINESS OWNER INFORMATION

*This will be our city staff's contact person during the application process.*

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BUSINESS OWNER'S FULL NAME

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BUSINESS OWNER'S PHONE NUMBER

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BUSINESS OWNER'S ADDRESS

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CITY, STATE, ZIP

APPLICANT IS THE FOLLOWING:

Property owner

Business owner

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BUSINESS OWNER'S EMAIL ADDRESS

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## PROPERTY OWNER INFORMATION

*The information and address listed should be where the property owner conducts business, which may be different than the applicant address. It is usually not the address of the business.*

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PROPERTY OWNER'S NAME

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PROPERTY OWNER'S PHONE NUMBER

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PROPERTY OWNER'S MAILING ADDRESS

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CITY, STATE, ZIP

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PROPERTY OWNER'S EMAIL ADDRESS

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## PROPOSED BUSINESS INFORMATION

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BUSINESS NAME

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BUSINESS PHONE

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BUSINESS ADDRESS

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CITY, STATE, ZIP

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MAILING ADDRESS

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CITY, STATE, ZIP

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SALES TAX ID

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FEIN

IF YOU DON'T YET HAVE A SALES TAX ID OR FEIN, HAVE YOUR APPLIED FOR THEM?  Yes  No

PROPOSED BUSINESS OPERATIONS

BUSINESS OPERATING HOURS

BUSINESS DAYS OF OPERATION

NUMBER OF LARGEST SHIFT EMPLOYEES

PEAK HOURS

DO YOU HAVE ON-SITE PARKING STALLS?

Yes  No

\_\_\_\_\_   
 If so, how many?

DO YOU HAVE A LIQUOR LICENSE FOR THIS LOCATION?

Yes  No

CHECK ALL THAT APPLY TO YOUR BUSINESS  
*If none apply to you, skip this portion.*

- Daycare  Yes  No
- Food vending machines  Yes  No
- Tobacco products for sale  Yes  No
- Food or food handling  Yes  No
- Space will host classes of any kind  Yes  No
- Space will host events of any kind  Yes  No
- Space will be used in part or in whole as a meeting space  Yes  No

- Video gaming/video poker  Yes  No If so, how many? \_\_\_\_\_
- Massage therapy  Yes  No If so, how many stations? \_\_\_\_\_
- Hair or nail services  Yes  No If so, how many stations? \_\_\_\_\_
- Auto repair  Yes  No If so, how many stations? \_\_\_\_\_
- Tattoo shop  Yes  No If so, how many stations? \_\_\_\_\_
- Liquor products  Yes  No Prepackaged or on-site consumption?
- Automatic amusements  Yes  No If so, describe those here: \_\_\_\_\_

## PROPOSED BUSINESS DETAILS

*This information helps staff determine any additional information needs. Be as specific and detailed as possible. For example, if you are selling merchandise, list specifically what you are selling. If you are opening a restaurant list all components (drive-thru, dine-in, carry-out, etc). If you are opening a salon, list the number of stations, what other additional services will be offered?*

Describe the type of business you are opening and how it will be operated.

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If known, what type of business was operated at this location previously?

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If there are multiple components to the business, describe the proposed mix of uses. *(for example: if you are opening a bicycle shop you would primarily be operating as a retail store, but if you are also planning to sell food or have bike repair classes, include that info because there may be additional requirements).*

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Describe the frequency of deliveries to and from the site and the type of delivery vehicles that will be used *(for example: semi truck on Mondays from 8-10 am and panel truck on Wednesday from 2-4 pm).*

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Will any business operations (sales, display, storage or processing) take place outside? If so, indicate on the site plan the area in which the outdoor operations will take place and provide a description of those outdoor operations.

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Do you have any new construction or remodeling planned at this time? If so, describe that here. If you will be adding a sign for your business, include that here.

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INDICATE YOUR SQUARE FOOTAGE: \_\_\_\_\_

Square footage is calculated by including all floor areas used by the business, including areas used for mechanical equipment, cellars and basements, storage or detached accessory buildings, even though such floor areas may be temporarily vacant or not in use.

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## DEMOGRAPHIC INFORMATION

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This section is optional and is used solely for informational purposes.

ARE YOU A VETERAN OF THE US MILITARY?  Yes  No

ARE YOU A FEMALE-IDENTIFYING OWNED BUSINESS?  Yes  No

DO YOU CONSIDER YOURSELF TO BE A DISABLED PERSON?  Yes  No

IF KNOWN, WHAT IS THE NUMBER OF EMPLOYEES YOU HAVE THAT LIVE IN THE CITY OF ELGIN? \_\_\_\_\_

RACIAL OR ETHNIC CATEGORY

- |   |  |
|---|--|
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic or Latino                        |
| <input type="checkbox"/> American Indian or Alaska native | <input type="checkbox"/> Native Islander or other Pacific Islander |

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

- |  |  |
|--|--|
| <input type="checkbox"/> High school or equivalent | <input type="checkbox"/> Associate's degree        |
| <input type="checkbox"/> Some college              | <input type="checkbox"/> Bachelor's degree         |
| <input type="checkbox"/> Trade school              | <input type="checkbox"/> Master's degree or higher |

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## A D D I T I O N A L   R E Q U I R E M E N T S

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Please submit a floor plan with dimensions and approximate percentage of uses in each space as well as a site plan or plat of survey. The floor plan should include percentages of the floor area of how the business is divided. Include these documents when you submit your Business Application.

*For example: if your business is a bicycle shop that also has a cafe, you would list which percentage of the floor areas of the business operations make up the cafe and which percentage makes up the retail on the floor plan.*

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## S T A T E M E N T   O F   U N D E R S T A N D I N G

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- I understand that completion of this application is not a guarantee that I will receive an occupancy permit.
- I understand that additional documentation and/or fees may be required based upon my proposed business.
- I understand that my business cannot begin operations until I have received a Certificate of Occupancy.
- I understand that the City of Elgin may not review or otherwise provide legal advice regarding contracts, leases, or other like instruments.
- I understand that the City of Elgin can not recommend a contractor or company to provide services.
- I understand that my Certificate of Occupancy will not be issued until by business has passed all required inspections and is in compliance with the municipal code.

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BUSINESS OWNER'S SIGNATURE

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DATE

*City staff will contact you within 7-10 business days after receiving your completed application and advise you on the next steps. For assistance in completing this application, please call 311.*