



# Village of Clarendon Hills - Home Occupation License Application

(Reference: Chapter 31, Article 1 of the Village Municipal Code)

## CALENDAR YEAR 2024

**License ID** (completed by VOCH CD Department)

**Number** \_\_\_\_\_ **Date Assigned** \_\_\_/\_\_\_/\_\_\_

### Business Information

Business Owner's Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Clarendon Hills, Illinois 60514

Day-Time Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Website \_\_\_\_\_

FOR OFFICE USE ONLY

### Additional Required Information

In order to verify your particular home occupation meets Village regulations and prior to issuance of the required Business License, the following questions must be answered:

1. Identify all areas of the home in which the home occupation is conducted (e.g. bedroom, basement, garage, etc.).  
\_\_\_\_\_
2. How many square feet of area does the home occupation occupy? \_\_\_\_\_ square feet
3. How many employees work within the home as part of the home occupation, and who are these employees?  
Number: \_\_\_; Who: \_\_\_\_\_ (e.g. wife, husband, mother, unrelated, etc.)
4. What is the maximum number of cars (either clients or workers) that are parked simultaneously on the driveway or street that are associated with the home occupation? Number of client cars: \_\_\_\_\_; Number of worker cars: \_\_\_\_\_
5. Please give a detailed description of the home occupation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. When did business start at this address? \_\_\_\_\_
7. Is this a  new license or  renewal? ( check one)

I hereby certify that all of the information contained in this application for a Business License is true and correct, further that any false information provided for in this application shall be grounds for revocation of the Licenses as well as any other penalties provided for by law. NOTE-THIS IS AN APPLICATION FOR A BUSINESS LICENSE AND IT IS UNDERSTOOD THAT A BUSINESS CANNOT BE CONDUCTED UNTIL A LICENSE IS ISSUED BY THE VILLAGE OF CLARENDON HILLS. ILLINOIS.

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

**Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Return completed application with the required \$35.00 fee to address provided below.**