



# Village of Clarendon Hills - Business 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

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Website \_\_\_\_\_  
 State Retail Occupation Tax  
 No. \_\_\_\_\_

### Business Profile

Describe Business and All Services Offered:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Number of Employees at this Location \_\_\_\_\_ full-time  
 \_\_\_\_\_ part-time  
 Square Footage of Business \_\_\_\_\_

### Business Owner Owner(s) Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_

### If Corporation:

State of Incorporation \_\_\_\_\_  
 Date of Incorporation \_\_\_\_\_  
 Certificate No. \_\_\_\_\_

### If Leased,

Management Agent \_\_\_\_\_  
 Management Address \_\_\_\_\_  
 Management City/State/Zip \_\_\_\_\_  
 Management Phone \_\_\_\_\_  
 Term of Lease \_\_\_\_\_

### Liability Insurance Coverage:

Name of Agent \_\_\_\_\_  
 Name of Insurance Co. \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Policy Period \_\_\_\_\_

### Fee: (check all that apply)

- Basic Business (< 1,000 square feet of floor area) ..... \$ 70.00
- Basic Business (between 1,000 and 5000 square feet of floor area) ..... \$ 95.00
- Basic Business (over 5,000 square feet of floor area) ..... \$ 145.00
- Downtown Outdoor Seating/Dining or Display in Pubic Rights-of-Way ..... \$ 10.00
- Hotel or Motel (contact Community Development Department).....[separate form and fee required]



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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. (I)(We) further state that (I)(we) understand all of the ordinances of the Village of Clarendon Hills that pertain to the operation of a Business in the \_\_\_Zoning District of the Village of Clarendon Hills and have confirmed the classification of our business is listed in this Zoning as permitted use.

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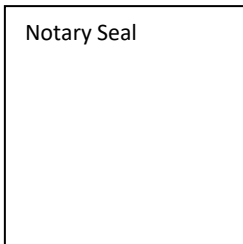
**Businesses having Outdoor Seating/Dining or Display in Public Rights-of-Way or on Private Property must complete the following HOLD HARMLESS AND INDEMNIFICATION AGREEMENT and provide a separate SITE PLAN relative to outdoor seating and sales within the Village of Clarendon Hills, Illinois.**

In consideration of the Village of Clarendon Hills, DuPage County, Illinois (the "Village") allowing \_\_\_\_\_ (the "Business") to engage in Outdoor Seating within Clarendon Hills.

The Business hereby agrees to indemnify, defend and save harmless the Village, and its officers, agents, employees, representatives and assigns, (the "Indemnified Parties"), from any and all lawsuits, actions, costs (including attorneys' fees), expenses, claims or liabilities of any character, including, as allowed by law, liabilities incurred due to any allegation of negligence, joint negligence of any of the Indemnified Parties and the Business, or other alleged actionable conduct directed to the Indemnified Parties, brought because of any injuries or damages allegedly received or sustained by any person, persons or property because of any act or omission, neglect or misconduct of said Business, or its officers, agents, members, volunteers and/or employees, arising out of, or in the performance of providing Outdoor Seating within the Village. In connection with any such claims, lawsuits, actions or liabilities, the Indemnified Parties shall have the right to defense counsel of their choice. The Business shall be solely liable for all costs of such defense and for all expenses, fees, judgments, settlements, and all other costs arising out of such claims, lawsuits, actions, or liabilities.

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_ (name),  
the \_\_\_\_\_ (title) and authorized agent for the Business.

Signature: \_\_\_\_\_



State of Illinois  
County of \_\_\_\_\_.  
Signed before me on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Notary Public Signature

**ALL BUSINESSES WILL BE INSPECTED ANNUALLY RELATIVE TO BUILDING AND FIRE DEPARTMENT CODES.**



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

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

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

**RETURN COMPLETED APPLICATION WITH PROPER FEES TO:**

**ATTN: Community Dev. Dept.  
Village of Clarendon Hills  
One North Prospect Avenue  
Clarendon Hills, Illinois 60514**

**VILLAGE USE ONLY:**

**Reviewed by:**

\_\_\_\_\_  
Community Development Director

\_\_\_\_\_  
Date

**Comments:**

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

- APPROVED**
- DENIED**

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_