



# VILLAGE OF BROOKFIELD

Community & Economic Development Department  
8820 Brookfield Ave. Brookfield, IL 60513

PHONE | (708) 485 - 7344 x 3  
FAX | (708) 485 - 8090  
WEBSITE | www.brookfieldil.gov

## Business License Application/ Renewal

### Part 1: Introduction

Please complete this application in its entirety and return to the Village of Brookfield. This form **MUST** be completed and accompanied with a \$50.00 application fee. The application fee covers the cost of the required zoning reviews and operational inspections. Upon approval, you will be invoiced the annual business license fee and mailed the operational sticker. A business license renewal form must be completed and updated **EACH YEAR**. Failure to correctly respond, deliberately omit, or falsify any answers in this application may result in revocation of the business license.

### Part 2: Business Contacts

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

Business Address: \_\_\_\_\_ Brookfield IL, 60513

Business Phone Number(s): \_\_\_\_\_ Secondary: \_\_\_\_\_

**Business Owner:** \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Person in Charge:** \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Building Owner:** \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Part 3: Police Department Survey

In order to better protect and serve you, the Brookfield Police Department requests your assistance in verifying that we have accurate and up to date information. This information will be used in the event of an after hours emergency at your place of business. **DO NOT** list the business phone number as an emergency contact. We appreciate your attention to this important matter and encourage you to contact our department whenever the building may be closed for an extended length of time (vacation, illness, etc.) or if your staff will be working after normal business hours. We **REQUIRE** any changes in the key holder information be sent to our department in writing so that our records remain as accurate as possible. Thank you for supporting law enforcement.

**KEYHOLDER #1:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**KEYHOLDER #2:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Alarm Company:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## Part 4: Business Description

Completely describe the nature of the business. Explain what services are to be provided / what products will be sold.

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Illinois Sales Tax Number (if applicable): \_\_\_\_\_

## Part 5: Zoning Survey

The Village of Brookfield Zoning Code and Zoning Map are available on the Village's website. Uses approved by right and uses requiring special approval can be referenced in Section 62-22 of the Brookfield Village Code.

**Zoning District:** \_\_\_\_\_

**Number of Employees (Include Self / Owners):** \_\_\_\_\_

**Number of Existing Off Street Parking Spaces:** \_\_\_\_\_

**Number of Company Owned Motor Vehicles:** \_\_\_\_\_

### Anticipated Business Hours:

Weekdays From \_\_\_\_\_ am / pm To \_\_\_\_\_ am / pm

Weekends From \_\_\_\_\_ am / pm To \_\_\_\_\_ am / pm

## Part 6: Business Survey

YES NO

1.   **Freedom of Information Act:** I authorize the Village of Brookfield to release personal data from this form to anyone requesting the data in writing per the Freedom of Information Act.

2.   **Alarm system on premises?**

3.   **Cigarettes or other tobacco products to be sold?**

Over the counter

Vending machine

Distributor / operator name: \_\_\_\_\_

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

4.   **Food / Beverage establishment?** Accomodations for \_\_\_\_\_ number of people

Items sold  Fresh meat  Milk  Produce

Other: \_\_\_\_\_

5.   **Service Station?** Total Gallonage: \_\_\_\_\_

6.   **Hotel / Motel?** Number of Units: \_\_\_\_\_

## Part 7: Machine Operator / Distributor Certification

Operator / Distributor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Is distributor currently licensed with Brookfield?  Yes  No  
(Complete Separate Application)

### Amusement Devices

Distributor fee to be paid by  Distributor  Business Owner

Operator fee to be paid by  Distributor  Business Owner

Send license stickers to  Distributor  Business Owner

### Vending Machines

License fee to be paid by  Distributor  Business Owner

Send license stickers to  Distributor  Business Owner

Please complete the table below for all machines to be used at the business.

Examples: Pool table, juke box, snack / soda machines, video arcade games (racing, golf, etc.)

Machine Name	Machine Type (Amusement / Vending)	Machine Location	Cost to Customer

## Part 8: Signature

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**    **BELOW THIS LINE**    **OFFICE USE ONLY**    **BELOW THIS LINE**    **OFFICE USE ONLY**

Community Development Department:    Zoning \_\_\_\_\_    Date: \_\_\_\_\_

Building \_\_\_\_\_    Date: \_\_\_\_\_

Cook County Department of Public Health: \_\_\_\_\_    Date: \_\_\_\_\_

Village Manager: \_\_\_\_\_    Date: \_\_\_\_\_

License Number: \_\_\_\_\_    Fee: \_\_\_\_\_