



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 \$100.00 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.

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: _____