



CITY OF WEST CHICAGO
 DEPARTMENT OF COMMUNITY DEVELOPMENT
BUSINESS REGISTRATION APPLICATION

DATE PAID

 FOR OFFICIAL USE ONLY

Type of Application

- Annual Registration Renewal**
 \$25.00 (for existing businesses; postmarked before 12/31 of registration year; **\$100 if past due**)
- New Business Registration**
 \$50.00 (for new businesses or expansions; occupancy permit required)
- Fee Exempt**
 \$0.00 (for gov. agency, not-for-profit, religious, or charitable organization)
- Registration Transfer**
 \$50.00 (for existing West Chicago businesses with change in ownership; occupancy permit required)
- Relocation or Name Change**
 \$0.00 (for existing West Chicago businesses relocating within City limits or that change business name)

Business Entity Information

Type of Business Sole Proprietor Partnership (LP, LLP) Corp. (LLC, S) Gov./Non-Profit

Legal Name of Business

The exact "legal name" as it appears in the official business formation documentation.

"Doing Business As" Name

(If applicable)

Business Activity and Location

Business Activity

List your business activities, including all products and/or services offered.

Primary Business Site Address

Provide the primary location address in West Chicago where business transactions and/or activities occur. If multiple, add site addresses on reverse side.

Street Number Street Name Ave. /St. Bldg. Suite/Unit/Floor

(City notifications will be mailed to this address unless alternate info is provided in the Business Mailing Address section)

Primary Contact Person

Contact for Police, Fire, or Other Emergency

First Name Last Name Title

Contact Phone #

Phone # Fax#

Contact E-mail Address

Email notifications regarding registration renewal and business support will be provided at this address.

Email Address

Business website

Web address

Square footage at this site: _____ , _____

Number of employees at this site: _____

Please check if space or building is:

- Owned
- Leased, provide lease renewal date: _____

If an existing business owner:

Provide year established in West Chicago: _____

Owner and Officer Information

- **Sole Proprietors** are required to provide information about the **Individual** who owns the business.
- **Partnerships & Limited Partnerships** are required to provide information about a **Partner** of the organization.
- **Limited Liability Companies** are required to provide information about the organization's **Member shareholder(s)** with a major beneficial interest.
- **Corporations** are required to provide information about the organization's **President**.
- **Non-Profit Corporations** are required to provide information about the organization's **President or Executive Director**.

Title
 Sole Proprietor Partner President Managing Member Executive Director **Other:** _____

First Name	Middle Name	Last Name		
Address	Suite/Apt. #	City	State	Zip Code
Phone Number		Email Address		

Business Site Addresses (cont'd)

Second Site Address

As applicable, for businesses with multiple locations in West Chicago

Street Number	Street Name	Ave./St.	Bldg.	Suite/Unit/Floor
Site Contact		Site Phone Number		

Third Site Address

As applicable, for businesses with multiple locations in West Chicago

Street Number	Street Name	Ave./St.	Bldg.	Suite/Unit/Floor
Site Contact		Site Phone Number		

Business Mailing Address

If different from the primary business site address or if you wish to receive City notifications mailed to an alternate address.

Alternate Mailing Address

(If applicable)

Street Number	Street Name	Ave./St.	Bldg.	Suite/Unit/Floor
City	State	Zip Code	Contact Name	

TO SUBMIT APPLICATION AND REMIT PAYMENT:

- **Online:** Application forms may be submitted online at the following link: <http://westchicago.org/business-registration/>.
 - Please remit payment by mail to:
City of West Chicago, Business Registration, 475 Main Street, West Chicago, IL 60185.
 - Check payments should be made payable to the **City of West Chicago** with the registering business name noted on the check.
- **By Mail:** Please submit paper application form and check to:
 - **City of West Chicago, Business Registration, 475 Main Street, West Chicago, IL 60185.**
 - Please remit payment by mail or in-person at the address above. Check payments should be made payable to the **City of West Chicago** with the registering business name noted on the check.

IMPORTANT INFORMATION:

- Annual Business Registration is required by Municipal Code ([Chaper 9 - Article 3](#)).
- While government agencies, not-for-profit and charitable organizations are not required to pay the fee, we do ask that a completed application be submitted.
- Registration Renewal fee is \$100.00, plus applicable fines, if postmarked after end of the calendar year.