



CITY OF WEST CHICAGO  
 DEPARTMENT OF COMMUNITY DEVELOPMENT  
**BUSINESS REGISTRATION APPLICATION**

DATE PAID  
  
 FOR OFFICIAL USE ONLY

**Type of Application**

- Annual Registration Renewal**  
 \$30.00 (for existing businesses; If postmarked before December 31<sup>st</sup>; **\$110 if past due**)
- New Business Registration**  
 \$55.00 (for new businesses; expansions within City exempt; occupancy permit required for both)
- Fee Exempt**  
 \$0.00 (for gov. agency, not-for-profit, religious, or charitable organization)
- Late Registration Renewal**  
 \$110.00 (for existing businesses if postmarked after December 31<sup>st</sup>)
- Registration Transfer**  
 \$55.00 (for existing West Chicago businesses with change in ownership; occupancy permit required)
- Relocation or Name Change**  
 \$0.00 (for existing businesses relocating within City limits, changing name or updating registration info)

**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: \_\_\_\_\_

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## Owner and Officer Information

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- **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		

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## Business Site Addresses (cont'd)

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### 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

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## Business Mailing Address

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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 \$110.00, plus applicable fines, if postmarked after end of the calendar year.