



# CITY OF WEST CHICAGO

## Application for Business Registration Renewal

Ph. 630-293-2200

Fax 630-293-1257

bregistration@westchicago.org

westchicagonow.org

Please check one:  
(See Page 2 for  
payment information)

**Annual Registration Renewal—\$30.00** for existing businesses if postmarked before December 31st.

**Fee Exempt \$0.00** for government agency, not-for-profit, religious, or charitable organization.

**Late Registration Renewal—\$110.00** for existing businesses if postmarked after December 31st.

### Business Activity and Location

Business Name \_\_\_\_\_

(Doing Business As)

Business Address \_\_\_\_\_

(Multiple locations? See Page 2)

West Chicago, IL 60185

(Include Bldg. No. and/or Suite/Unit/Floor No.)

Primary Contact \_\_\_\_\_

Person

(Last Name)

(First Name)

(Title)

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Business Website \_\_\_\_\_

No. of Employees \_\_\_\_\_

Type of Business (check all that apply)  Retail  Wholesale  Office  Warehouse  Manufacturing  Services  Nonprofit  Other

Please describe ALL activities and operations currently performed at your location.

Any plans for expansion in the new year you would like to tell us about now?

If yes to the above, do you wish to be contacted by our Economic Development Coordinator?  Yes  No

### Building Ownership Information

Owned  Leased \_\_\_\_\_

(If leased, provide lease renewal date and Building Owner information below)

Square Footage \_\_\_\_\_

(Of the area your business occupies)

Building Owner Name \_\_\_\_\_

Phone \_\_\_\_\_

### Alternate Mailing Address

(NOTE: Business Registration Documents and City correspondence will be sent to the business address above *unless* an alternate mailing address is provided here.)

Contact Name and/or Company \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Possible Building Permits

- ⇒ Is any building or remodeling work planned for the new year?  Yes  Not Yet \_\_\_\_\_  None Expected  
(Date Anticipated)
- ⇒ Is new signage (temporary and/or permanent) planned for the new year?  Yes  Not Yet \_\_\_\_\_  None Expected

### Multiple Site Locations in West Chicago

As applicable, for businesses with multiple locations in West Chicago.

**Second Site Address** \_\_\_\_\_  
(Include Bldg. No. and/or Suite/Unit/Floor No.)

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Third Site Address** \_\_\_\_\_  
(Include Bldg. No. and/or Suite/Unit/Floor No.)

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Fourth Site Address** \_\_\_\_\_  
(Include Bldg. No. and/or Suite/Unit/Floor No.)

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Application Submittal & Fee Payment

Your completed application may be submitted online or by email, mail or in person. Payments may be made by mail or in person.

**ONLINE:** Complete the Business Registration Renewal at: <http://westchicago.org/business-registration/>. Please remit payment by mail or in person along with a copy of the email confirmation from your online renewal.

**BY MAIL/ IN PERSON:** Please send or bring this completed application (or a copy of the email confirmation from your online renewal) along with your check made payable to the City of West Chicago to:  
**City of West Chicago Comm. Dev. Dept., Attn: Business Registration, 475 Main Street, West Chicago, IL 60185.**  
Fee payments may also be made with cash or a credit/debit card.

**NOTE: The registration of your business expires on December 31st each calendar year.** Please make plans to renew your Business Registration prior to this date each year as required by Municipal Code (Chapter 9 - Article 3). Registration Renewal forms will be mailed and/or emailed to you at the address provided on Page 1 *unless an alternate mailing address is provided on Page 1*. While government agencies, non-profits and charities are not required to pay the fee, we do ask you to submit a completed application. **The Business Registration Renewal fee is \$30.00 if postmarked prior to 12/31 each year and \$110.00 if postmarked after that date.**

**WE'RE HAPPY YOU CHOOSE TO DO BUSINESS IN WEST CHICAGO. WE'D LIKE TO KNOW MORE TO BETTER ASSIST YOU!**  
Please answer this brief survey.

When did your business open in West Chicago? \_\_\_\_\_

What made you locate your business in West Chicago? \_\_\_\_\_

What information would you like to receive from the City on a regular basis? \_\_\_\_\_

Are you interested in being part of regular roundtable discussions with other West Chicago business owners? \_\_\_\_ YES \_\_\_\_ NO

If yes, please provide your name, title and email \_\_\_\_\_