



Village of Channahon  
24555 S. Navajo Drive  
Channahon, IL 60410  
815-467-6644 Fax 815-467-9774

## **BUSINESS LICENSE PROCEDURE**

- Completed application must be received **30 days prior** to the anticipated opening date or date due for renewal.
- Development Department will check if zoning is appropriate for proposed business.
- Proof of County Health Department inspection, if appropriate. (This applies to any business serving or selling food and/or drinks).
- A copy of State registration and or licensing for sale of motor vehicles, hair salons, nail salons, barbers, cosmetologist, technicians braiding etc., if applicable.
- No business can operate until approval of Village license is received. Any business in operation without a license will be closed until proper license is obtained.
- All licenses, business and vending shall be renewed annually.

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- *Please note that there are specifications that must be followed, for all organizations and businesses, in regards to signs. The Building Department will be able to answer any questions regarding signs, both temporary and permanent.*
  - *Please review the attached, Ordinance 156.029, for specifications regarding home occupations.*
  - *Per Ordinance No. 1420, Failure to provide a complete written application prior to renewal shall result in a penalty of \$10 per day-first five days; \$20 per day – second five days; \$30 per day third five days. After 15 days noncompliance will result in loss of license.*

# BUSINESS LICENSE/REGISTRATION

Village of Channahon  
 24555 S. Navajo Drive  
 Channahon, IL 60410-3334  
 815-467-6644 Fax 815-467-9774  
[www.channahon.org](http://www.channahon.org)



**\$60 Annual Fee- Renewal 1 year from issuance**

Select one:	<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal
Please check if exempt from fee:	<input type="checkbox"/> Exempt Business (see list)	

Date of Application \_\_\_\_\_ Date Established in Channahon \_\_\_\_\_

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

Channahon Location \_\_\_\_\_

Location Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ Website \_\_\_\_\_

E-mail Address \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Product or Services Offered \_\_\_\_\_

*If Mobile Business:*

Vehicle Make/Model/Year \_\_\_\_\_ License Plate Number \_\_\_\_\_

Federal Employee Identification Number _____
Department of Revenue Tax Number _____
Number of Employees: _____ Full Time _____ Part Time

Business Hours	Start	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Will any of the following types of services be provided by your business?

- Storage of flammable materials on property other than cleaning products. If yes, please provide separate detailed list.
- Hair salons, nail salons, barber, cosmetologist, technicians braiding esthetician etc. If yes, provide a list of active license numbers to practice in the State of Illinois.
- Sale of motor vehicles. If yes, submit a copy of State Dealer License.
- Serving of food prepared on premises, or the dispensing of food. If yes, a copy of the County Health Department permit must be submitted before a license will be issued.
- Servicing of any type of liquor on premises. If yes, a Liquor License must be obtained.
- Video Gaming Devices, Liquor License required (application available at Village Hall)
- Vending/Amusement Devices

Is Business (please check one)  Sole Proprietor  Partnership  Corporation

**OWNER'S INFORMATION**

Owner's Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Managers Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**PARTNERSHIP INFORMATION**

Partner's Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Other Partner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**CORPORATION INFORMATION**

Corporation Name \_\_\_\_\_

Corporation Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

**TERM AND FEES:**

All licenses shall be for a full year and term of each license shall, commence on date of issue and expire the following year. The full \$60 fee for the license shall be paid at the time of renewal if applicable.

**(Per Ordinance No. 1420) \*\*\*** Failure to provide a complete written application prior to renewal shall result in a penalty of \$10 per day-first five days; \$20 per day – second five days; \$30 per day third five days. After 15 days noncompliance will result in loss of license.

I, do hereby certify that the requirements of the State of Illinois, Counties of Will or Grundy, and Village of Channahon, have been met and will be maintained throughout the duration of the license, and that the statements herein are correct and true to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name Title

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Office use only below line

Zoning of Property \_\_\_\_\_ Approval \_\_\_\_\_

## **EXEMPT BUSINESS/OCCUPATIONS**

**All home based businesses are exempt.**

The following are exempt from a fee but still subject to licensing and renewals:

1. Architectural Practice
2. Athletic Trainers
3. Barbers and Cosmetologists
4. Business and Vocational Schools
5. Carrier Pigeons
6. Certified Shorthand Reporters
7. Clinical Psychologist/Clinical Social Worker
8. Crematories
9. Dairy Farms
10. Dental Practice
11. Detection of Deception Examiners
12. Detectives and Detective Agencies
13. Dietitians and Nutrition Counselors
14. Insurance Brokers
15. Interior Designers
16. Land Surveyors
17. Lawyer / Legal Practice
18. Marriage and Family Therapists
19. Medical Practice
20. Nursing
21. Nursing Home Administrators
22. Occupational Therapist
23. Optometric Practice
24. Pharmacy Practice
25. Physical Therapist
26. Physicians Assistant
27. Podiatry Practice
28. Professional Boxing and Wrestling
29. Professional Counselor and Clinical Counselor
30. Professional Engineering
31. Psychologists' Registration
32. Public Accounting
33. Real Estate Brokers and Salesman
34. Security Alarm Contractors
35. Security Guards and Salesmen
36. Social Workers' Registration
37. Structural Engineering
38. Veterinarians
39. Water Well and Pump Installation Contractors
40. Wholesale Drug Distributors



**VENDING MACHINE/AMUSEMENT DEVICE  
LICENSE APPLICATION**

Village Of Channahon  
24555 S. Navajo Drive  
Channahon, Illinois 60410-3334  
815/467-6644 FAX 815/467-9774

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING:**

LOCATION OF MACHINE(S)

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

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

**THE FEE FOR ALL VENDING MACHINES/AMUSEMENT DEVICES IS \$40.00 EACH.**

PLEASE LIST NUMBER/TYPE OF MACHINE(S)

\_\_\_\_\_ Number of solid food devices                      \_\_\_\_\_ Number of amusement devices

\_\_\_\_\_ Number of combo devices (liquid/solid)                      \_\_\_\_\_ Number of liquid refreshment devices

\_\_\_\_\_ Number of other (specify below)                      \_\_\_\_\_ x \$40.00 = \$ \_\_\_\_\_

**Please List Description**

Type of Device (soda, video, newspaper, snack)	Manufacturer name, number, or other id markings	License # (Office use only)

**PAYMENT OF FEE.** The fee is payable by the owner or person in control of the premises on which the machine is located.

THE UNDERSIGNED DOES HEREBY SWEAR OR AFFIRM THAT THE STATEMENTS AND INFORMATION IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF IS/HER KNOWLEDGE AND BELIEF.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 4/1/2014



# Channahon Police Department Business / Key Holder Information

If you have any questions regarding this form, please contact the Channahon Police Department @ 815-467-5152

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

**\*Business Information**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

List Any Hazards or Special Concerns: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*Owner(s) Information**

Owner(s) Name: \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Owner(s) Contact Numbers: (H): \_\_\_\_\_ (C): \_\_\_\_\_ (Alternate Number): \_\_\_\_\_

Owner(s) Email: \_\_\_\_\_

**\*Key Holder Information**

Name	Phone Number(s): (H) Home	(C) Cellular	Email
1. _____	(H): _____	(C): _____	(Email): _____
2. _____	(H): _____	(C): _____	(Email): _____
3. _____	(H): _____	(C): _____	(Email): _____
4. _____	(H): _____	(C): _____	(Email): _____

**\*Cash Register Information (Optional)**

Law Enforcement often discover cash registers believed to be taken in burglaries. Often times these crimes go unsolved when there is no way of tracking the cash register back to a specific victim. The Channahon Police Department is taking the initiative of proactively collecting this information in the unlikely event your business is the victim of a burglary where the cash register is taken. This is optional, but if you choose not to provide this information we ask that you please gather this information on your own and keep it in a safe place where it can be readily obtained if needed.

Cash Register Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Please notify the Channahon Police Department as soon as possible @ 815-467-5152 if any of the above information changes throughout the year.\* Revised 02/13