



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

## **BUSINESS REGISTRATION/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).
- Business must provide the Village of Channahon proof of State registration and or licensing for all professions listed on page 4 of this application, if applicable. The Village does not license these professionals, they are “registered”.
- No business can operate until application has been reviewed and approved by Zoning Official. Any business in operation without registration will be closed until proper license is obtained.
- All business registration/renewals and vending shall be renewed annually.
- 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 registration
- Please note that there are specifications that must be followed, for all organizations and businesses, regarding signs. The Building Department will be able to answer any questions regarding signs, both temporary and permanent.
- **Effective May 1, 2017** Per Ordinance No. 1885, A Certificate of Occupancy is required for all new businesses as well as change of ownership to existing businesses.  
151.11 – List of Inspections (W) Each occupant of an industrial or commercial building shall obtain an occupancy permit issued by the Village of Channahon. The commercial or industrial occupancy permit is valid only with respect to the occupant to whom it was issued. (Per ILCS Ch. 55, Act 5, § 1063). **Please call the Building Department at 815-467-8303 to schedule your occupancy inspection.**

*Revised 6/4/2020*

# BUSINESS REGISTRATION/LICENSE

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)

**\$70.00 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 No. _____
Department of Revenue Tax No. _____
Number of Employees: _____ Full _____ 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 registration 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 \_\_\_\_\_

**MANAGER INFORMATION**

Onsite Manager Full 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 \_\_\_\_\_

**TERMS AND FEES:** All registrations shall be for a full year and term of each registration shall, commence on date of issue and expire the following year. The full \$70 fee for the registration shall be paid at the time of renewal if applicable. The fee does not apply to those business or occupation that the General Assembly has preempted the exercise of municipal power.

**(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 registration.

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 registration, and that the statements herein are correct and true to the best of my ability.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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

-----  
Office use only below line

**List of Exempt Occupations**  
**The following are exempt from fee.**

1. Architectural Practice
2. Athletic Trainers
3. Barbers and Cosmetologists
4. Business and Vocational Schools
5. Carrier Pigeons
6. Certified Shorthand Reporters
7. Clinical Psychologists
8. Clinical Social Workers
9. Crematories
10. Dairy Farms
11. Dental Practice
12. Detection of Deception Examiners
13. Detectives and Detective Agencies
14. Dietitians and Nutrition Counselors
15. Electrologists
16. Genetic Counselors
17. Geologists
18. Health Practitioners
19. Home Inspectors
20. Home Medical Equipment Providers
21. Insurance Brokers
22. Interior Designers
23. Land Surveyors
24. Landscape Architects
25. Locksmiths
26. Marriage and Family Therapists
27. Massage Therapy
28. Medical Practice
29. Nursing
30. Nursing Home Administrators
31. Occupational Therapist
32. Optometric Practice
33. Orthotic and Prosthetic Providers
34. Petroleum Equipment Contractors
35. Pharmacy Practice
36. Physical Therapist
37. Physician's Assistant
38. Plumbers
39. Podiatry Practice
40. Professional Boxing
41. Professional Counselor and Clinical  
Counselor
42. Professional Engineering
43. Psychologists' Registration
44. Public Accounting
45. Real Estate Appraisers
46. Respiratory Care Specialists
47. Security Alarm Contractors
48. Security Guard and Watchmen
49. Social Workers' Registration
50. Surgical Technicians
51. Structural Engineering
52. Veterinarians
53. Water Well and Pump Installation  
Contractors
54. 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 \$50.00 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 \$50.00 = \$ \_\_\_\_\_

**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



# 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.\***