



PLAINFIELD BUILDING DEPARTMENT
14400 S Coil Plus Drive
Plainfield, Illinois 60544
Building Department Office (815) 439-2937 Fax (815) 609-6114
Business Hours: Monday – Friday 7:30 am to 4:00 p.m.
businesslicensing@goplainfield.com

CHECKLIST FOR NEW BUSINESS LICENSE APPLICATION

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION:

- _____ 1 **Completed Business License Application and Business License Fee** (cash or check) in the amount of the applicable license fee (\$25.00, \$75.00 or \$125.00 based upon sq. ft. of total floor area). Please make check payable to the Village of Plainfield.
- _____ 2 **Certificate of Ownership of Business.** If your business operates as a sole proprietorship or general partnership, please attach a copy of your Certificate of Ownership of Business. Certificates of Ownership of Business can be obtained from the Office of the Will County or Kendall County Clerk upon filing and publication of your assumed business name certificate. For more information regarding assumed name filings please contact the Office of the Will County Clerk at (815) 740-4625 or Kendall County Clerk at (630) 553-4104.
- _____ 3 **Certificate of Occupancy and Compliance.** A Certificate of Occupancy and Compliance or “CO” for the premises in which your business will be located must be obtained from the Village of Plainfield Building Department. For more information please contact the Building Department, at (815) 439-2937, located at the Plainfield Public Works Building.

WHEN APPLICABLE, PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

- _____ 1 **Will County Health Department Permit.** If your business requires a license from the Will County Health Department please attach a copy of your permit. For more information regarding such licensing, please contact the Will County Health Department, Joliet Office at (815) 727-8490.
- _____ 2 **Illinois Department of Financial and Professional Regulation License.** If your business requires a license from the Department of Financial and Professional Regulation please attach a copy of your license. For more information regarding such licensing, please contact the Illinois Department of Financial and Professional Regulations at (217) 785-0800 or visit their website at www.idfpr.com.
- _____ 3 **DCFS License.** If you operate a home day care business and are required under the Child Care Act of 1969, 225 ILCS 10/1 *et seq.*, to obtain a license from the Department of Children and Family Services (DCFS), you must attach a copy of your DCFS license.

NOTE: LIQUOR and TOBACCO LICENSES - If your business intends to serve liquor or sell tobacco you must apply for and be granted said license from the Village of Plainfield. A business license must be applied for or obtained before issuance of a liquor and/or tobacco license. For more information regarding either license, please contact the Village Clerk at (815) 439-2921.



NEW BUSINESS APPLICANT CHECKLIST

Contact the Planning Division to confirm that the business type is allowed in the proposed location before you finalize your lease or sales contract. The Planning Division may require a written description of the business. Any exterior changes to the building or property, including signage, should be discussed with the Planning Division and may require review by the Plan Commission and Village Board.

NOTE: If a business type is considered a Special Use, additional review by the Plan Commission and Village Board will be required.

Obtain and keep the Business License Information Packet from the Plainfield Building Department or Village website.

- Checklist for New Business Applicant
- Business License Application

Contact the Building Department to determine whether any interior/exterior changes to the building or unit will require a building permit. The Building Department is located at 14400 S. Coil Plus Drive or you can call at 815-439-2937.

All new businesses require a fire inspection to determine if any interior/exterior changes to the building or its use will require new or updated fire protection system. Call the Plainfield Fire Protection District at (815) 436-5335 to schedule an appointment.

Your business license will be issued after you obtain a Certificate of Occupancy from the Building Department. Any outstanding fees should be paid in full at this time.

Open your business.



BUSINESS LICENSE APPLICATION
 VILLAGE OF PLAINFIELD
 Building Department
 14400 S Coil Plus Drive
 Plainfield, IL 60544 815/267-7247
businesslicensing@goplainfield.com

SECTION I: BUSINESS OWNER, PARTNER, AND MANAGER INFORMATION.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE #: _____ BUSINESS FAX #: _____

BUSINESS E-MAIL: _____ BUSINESS WEB ADDRESS: _____

BUSINESS IS A: Sole Proprietorship Partnership Corporation LLC; LLP; LP NFP; Other (Specify) _____

DESCRIPTION OF BUSINESS: _____

Check here if you desire to have your business information (business name, address, telephone/facsimile numbers and business e-mail address) published in the Village's Local Business Directory. Please identify your business name as you want it to appear in the Local Business Directory: _____

Check here if you are interested in receiving the Village's Economic Development E-News. E-News will be forwarded to the business email address identified above.

BUSINESS OWNER'S NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE #: _____ CELLULAR TELEPHONE #: _____ E-MAIL ADDRESS: _____

Attach additional pages if your business has multiple owners, partners or managers.

SECTION II: BUSINESS INFORMATION

CURRENT ZONING CLASSIFICATION:

- Residential Business Industrial

BUILDING SQUARE FOOTAGE:

- 3,000 or less sq. ft. - Registration Fee \$25.00 3,001 through 6,000 sq. ft. - Registration Fee \$75.00
 6,001 or more sq. ft. - Registration Fee \$125.00

IDENTIFY YOUR BUSINESS CLASSIFICATION (check box below):

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising/Media | <input type="checkbox"/> Automobile (sales/service) | <input type="checkbox"/> Business/Professional Services |
| <input type="checkbox"/> Computer/Telecommunications | <input type="checkbox"/> General Contractor/Builder | <input type="checkbox"/> Government/Not-for-Profit |
| <input type="checkbox"/> Health Care (medical/dental) | <input type="checkbox"/> Industrial Supplies/Services | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Personal Care/Services | <input type="checkbox"/> Pets/Veterinary Services | <input type="checkbox"/> Real Estate/Moving/Storage |
| <input type="checkbox"/> Religious Organizations/Clubs | <input type="checkbox"/> Restaurants/Food/Beverage | <input type="checkbox"/> Shopping/Specialty Retail |
| <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other (Identify) _____ |

Check here if you will have live entertainment at your business. If yes, please complete the Entertainment Rider attached hereto and submit it with your Business License Application.

Check here if there are coin-operated devices at your business. If yes, what type and how many? _____

SECTION III: ALARM SYSTEM/KEYHOLDER INFORMATION

KEYHOLDER INFORMATION

List all persons who have the ability to control the alarm system in the order they should be contacted. (If necessary, attach additional pages to back of this page). Provide one or more contact telephone numbers for each keyholder. You may use cellular telephone numbers. Keyholders should be able to arrive at alarm location within 30 minutes.

Keyholder Name/Address	Home Telephone #	Work Telephone #	Cellular Telephone #

CERTIFICATION

I (We) hereby certify that the requirements of the State of Illinois, County of Will, and Village of Plainfield have been met, and will be maintained throughout the duration of the license (if issued), and that the statements contained herein are correct and true to the best of my (our) ability.

I (We) understand that by signing this document, any and all information obtained as a condition of applying for said business license, shall remain the sole property of the Village of Plainfield, and shall only be used within the context of this application.

Owner/Partner/Manager's Name: _____ **Date:** _____
 (Printed Name and SIGNATURE Required)

Owner/Partner/Manager's Name: _____ **Date:** _____
 (Printed Name and SIGNATURE Required)

TERM AND FEES:

All Business Licenses shall be valid for a full calendar year. The term of each license shall commence on January 1st and expire on December 31st. The full registration fee for the license (\$25.00, \$75.00 or \$125.00, as applicable) shall be paid at the time the application is submitted to the Village of Plainfield for processing. Please make your check payable to the "Village of Plainfield". The registration fee set forth herein is non-refundable.

For Office Use Only

NEW Business License _____ RENEWAL Business License # _____

Business License issued on: _____

Approved by: _____