



BUSINESS LICENSE APPLICATION

2012

Village of Wilmette
1200 Wilmette Ave.
Wilmette, IL 60091-0040
ph: (847) 251-2700
fax: (847) 853-7642

Office Use Only:

Legal Business Name: _____

Business Address: _____ Unit: _____

WILMETTE, IL 60091

D/B/A: _____

Doing Business As or D/B/A is the business name as it would appear on ads, signs, or your storefront

Business Information

Business Owner: _____

Business Phone: _____

Business Fax: _____

On-site Contact: _____ Email Address: _____

Average number of employees per daytime shift: _____ Total Gross Square Footage: _____

IL Business Tax Number (IBT no.): _____

If separate mailing address please provide below:

Mailing Address: _____

City, State, Zip: _____

Description of Business (including principal business activity and general description of goods or services provided):

Property Owner Information

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Home Occupations

The Village of Wilmette allows residents to operate a business out of their place of residence with several restrictions that can be found in Section 20-6.4.5 of the Zoning Ordinance. To access the Zoning Ordinance, please visit www.wilmette.com.

The Village of Wilmette will add your business name, address and phone number to the Business section of the Village's website. If you would like this information to be displayed on the Village's website please check the following box:

In addition to a business license all **new businesses**, except for home occupations, require an occupancy inspection prior to occupying their space and opening for business.

I have read the application and answered all questions completely and to the best of my knowledge.

Print Name

Signature

Date

Business License Fees

General business license fees are based on amount of square feet the business occupies. Specialty licenses may be required and are based on a single, uniform fee by type of service. Definitions for particular specialty licenses are included for reference. See fee schedule below for more information.

Total Due	
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Credit Card Information

VISA MasterCard Account # _____ Expiration Date _____
 Amount _____ Print Cardholder Name _____
 Authorized Signature _____ ZIP Code _____

You may use VISA, MasterCard or a check in payment of your license.

Updates/Corrections

Use this area to indicate any changes needed to your license.

Total Gross Square Footage _____

New Business Services Offered _____
(See Fee Schedule Below)

Fee Schedule (Effective January 1, 2012)

General Business License

Area of less than 3,000 interior sq ft	\$80.00
Area of 3,001 to 10,000 interior sq ft	\$160.00
Area over 10,000 interior sq ft	\$235.00
School	No Fee
Home Occupation	No Fee
Not-For-Profit	No Fee
Care Facility - No Fee required for sq ft	\$50.00

Specialty Licenses

Food handler license, Category 1	\$435.00
Food handler license, Category 2	\$305.00
Food handler license, Category 3	\$175.00
24 Hour business license	\$50.00
Gasoline service station license	\$50.00
Tobacco vendor license	\$50.00
Outdoor restaurant seating	
On private property	\$25.00
On public property	\$50.00