

**BUSINESS LICENSE APPLICATION**  
**Department of Licensing and Collections**

**NEW APPLICATION**  **RENEWAL**  **CHANGE OF ADDRESS, BUSINESS NAME OR OWNERSHIP**

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Business Location: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
 Mailing Address: Same as above  - \_\_\_\_\_  
 Business Description: \_\_\_\_\_ Under Construction:  Yes  No  
 Business Type:  Corporation  LLP / LLC  Sole Proprietor  Non-Profit | Home Based:  Yes  No  
 Illinois Sales Tax ID: \_\_\_\_\_ FEIN: \_\_\_\_\_  
 Waukegan Start Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Website: \_\_\_\_\_  
 No. of Vending Machines: \_\_\_\_\_ No. of Amusement Devices: \_\_\_\_\_ No. Video Gambling Devices: \_\_\_\_\_  
 Will there be sale of Tobacco Products?  Yes  No | Will there be sale of Liquor?  Yes  No  
 Will there be sale of Food or Beverage?  Yes  No

**OWNER INFORMATION / RESPONSIBLE PARTY**

Name and Title: \_\_\_\_\_ Owner:  Responsible Party:   
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Property Owner Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

*The signatory below certifies that to the best of his/her knowledge all the foregoing information is true and correct as provided.*

\_\_\_\_\_  
 Applicant Name                                      Applicant Signature                                      Date

NOTE: A \$25.00 non-refundable application fee is required. All signs require a permit. Please contact Planning and Zoning at 847-856-6415. All businesses selling food must contact the County Health Department, 847-377-8020.

FOR OFFICE USE ONLY				
Date Received:			Account Number:	
Date Pickup Up:			License Number:	
REVIEWED BY:	APPROVED	DENIED	DATE	INITIALS
Planning & Zoning				
Building				
Fire				



It is your responsibility to maintain all your business information current with the City of Waukegan and comply with all ordinance requirements.

Information pertaining to business licenses can be found within Chapter 14: Licenses and Miscellaneous Business Regulations under the Code of Ordinances for the City of Waukegan. This information can be accessed online via our website: [www.waukeganil.gov](http://www.waukeganil.gov).

**APPLICATION FEES**

LICENSE APPLICATION FEE (*Non-Refundable*) ..... \$25.00

**BUSINESS LICENSE FEES**

OCCUPANCY PERMIT..... \$100.00  
 (Does not apply to home based businesses)

NON-PROFIT ..... \$NO COST

HOME BASED ..... \$100.00

UP TO 3,000 SQF ..... \$150.00

3,001 SQF – 9,999 SQF ..... \$300.00

10,000 SQF – 19,999 SQF ..... \$600.00

20,000 SQF and above ..... \$1,200.00

INSUFFICIENT FUND FEE ..... \$35.00

Business Licenses are due on December 31<sup>st</sup> of each calendar year. Payments for business licenses must be received prior to December 31<sup>st</sup> to avoid a late fee.



GO PAPERLESS, SIGN UP FOR E-BILL!



1101 Belvidere Rd. - Waukegan, IL 60085  
847-249-5410 - www.waukeganil.gov

**Sam Cunningham, Mayor**  
Janet Kilkelly, City Clerk  
Dr. John Schwab, Treasurer

---

**George Bridges Jr.**  
**Fire Chief**

**EMERGENCY KEYHOLDER INFORMATION**

IN ORDER TO PROVIDE EFFECTIVE AND EFFICIENT FIRE AND PARAMEDIC ASSISTANCE IT IS IMPORTANT FOR US TO HAVE CURRENT BUSINESS AND KEYHOLDER INFORMATION FOR YOUR BUSINESS. THIS ENABLES US TO CONTACT THE APPROPRIATE PERSON(S) OF A SITUATION THAT MAY WARRANT THEIR ATTENTION.

THANK YOU FOR YOUR ASSISTANCE AND COOPERATION.

DATE: \_\_\_\_\_ FIRE ALARM NUMBER \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_ FAX # \_\_\_\_\_

BUSINESS OWNER NAME \_\_\_\_\_

BUSINESS OWNER ADDRESS \_\_\_\_\_

FIRE ALARM SERVICE CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

IN CASE OF EMERGENCY CONTACTS:

1. \_\_\_\_\_ PHONE: \_\_\_\_\_

2. \_\_\_\_\_ PHONE: \_\_\_\_\_

3. \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_



1101 Belvidere Rd. – Waukegan, IL 60085  
847-249-5410 – [www.waukeganil.gov](http://www.waukeganil.gov)

**Sam Cunningham, Mayor**  
Janet Kilkelly, City Clerk  
Dr. John Schwab, Treasurer

---

**George Bridges Jr.**  
*Fire Chief*

Keyholder  
Page Two

PLEASE MAKE A BLANK COPY SO IF YOU MAKE CHANGES IN THE FUTURE YOU CAN MAIL TO:

**WAUKEGAN FIRE DEPARTMENT  
FIRE PREVENTION  
1101 BELVIDERE STREET  
WAUKEGAN, IL 60085**

OR YOU CAN FAX IT TO ATTENTION: Fire Prevention AT 847-249-5607