



Village of Mokena

Business License & Occupancy Inspection Procedures for New or Relocating Businesses

Thank you for bringing your business to Mokena. Below you will find the procedures for a New Business moving into an existing building, or an Existing Business relocating to another building. Attached, you will find the Business License Applications. Return all paperwork to the Community Development department. Missing information may delay the approval of your application. For more information, or if you have any questions, please contact Community Development at (708) 479-3900.

Initial each item, sign at the bottom, and return with all applications.

- _____ 1. Verify that the proposed business is a permitted use within the Village.
- _____ 2. Complete & submit the following:
 - Business License Application
 - Detailed Business Plan (All new businesses)
 - Copy of the first page and signature page of your Lease
 - Fee of \$36.00
- _____ 3. Complete and submit all applications for companion licenses with appropriate fees (i.e. Amusement Devices, Food, Gasoline Pumps, Liquor, Tobacco, Massage, etc.) if applicable.
- _____ 4. Permits are required for any Interior Remodeling (electrical, plumbing, mechanical, and demolition work) prior to any work being started.
For information about permit requirements and/or scheduling inspections, please contact Community Development.
- _____ 5. Lighting around window/door perimeters (neon "edge" or any other type of lighting) is strictly prohibited. Any forms of edge lighting must be removed prior to scheduling an occupancy inspection.
- _____ 6. A Business Occupancy Inspection is required for **all** businesses. A check for \$70.00 for the Occupancy must be submitted along with the Business License Application.
 - The Occupancy Inspection is scheduled once the Business License Application is reviewed, all Remodeling Permits have been issued, and all other inspections are completed.
 - **It is the responsibility of the Business Owner to call & schedule the Occupancy Inspection with the Community Development Department.**
 - The Occupancy Certificate will be issued upon approval of all pertinent parties (Fire Department, Health Department, and Village of Mokena)
- _____ 7. The Business License, and any companion licenses, will be processed and issued when the Occupancy Inspection has been completed and approved by the Building Department, Fire Department, and Health Department (where applicable).
- _____ 8. Any new, temporary promotional, or replacement signs will need a separate Sign Permit. All Sign Permits must be submitted with appropriate drawings, and approved prior to the placement of any signs.

Applicant Signature: _____ Date: ____/____/____

Applicant Printed Name: _____



Village of Mokena General Business License Application

For Office Use Only	
Date Received	_____
Application Complete	Yes No
Fee Required	_____
Amount Paid	_____
Payment Method	_____

PLEASE PRINT LEGIBLY. Please fill out all pages of this application completely, any missing information may delay approval. For more information, or if you have any questions, please call (708) 479-3900.

Date of Application: ____/____/____ Anticipated Business Opening Date: ____/____/____
 Illinois Retailers Occupational Tax (Sales Tax) Number: _____ - _____
 Federal Employer Identification Number: _____
 Business Status: ___ New Business ___ Change of Ownership ___ New Location

License Fees

All paperwork and fees listed below are due at the time of application.

- Business License Application (good for one calendar year, Jan – Dec).....\$ 36.00
 - Occupancy Fee\$ 70.00
- Total Due at Time of Application.....\$106.00**

Business Information (Required)

Company Name (ex. Venture Industries): _____
 Business/Store Name as it appears on your signs/literature/etc. (ex. Irish Lassie's Imported Gifts)

 Business/Store Address (please include street directional (N,S,E,W) and type (St, Rd, Ln, etc.):
 _____ Unit (if applicable) _____
 Business Phone (____) _____ - _____ Emergency Phone (____) _____ - _____
 Local Contact Person: _____
 Local Contact Phone # (____) _____ - _____
 Business Email Address _____

____ Please check if Mailing Address is different than above and provide information below.

Name: _____
 Address: _____ Unit (if applicable) _____
 City: _____ State: _____ Zip Code: _____
 Business Phone (____) _____ - _____ Emergency Phone (____) _____ - _____

Please provide a detailed description of what the space will be used for.

Business/Store Name _____

Ownership Information (Required)

***If more than one owner/partner, please list all above information on a separate sheet and attach.*

Owners Name: _____
Home Address: _____ Unit (if applicable) _____
City: _____ State: _____ Zip Code: _____
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Emergency Contact Information

In the event of an after-hours emergency, please provide local emergency contact info (other than owner).

Name: _____ Phone (____) _____ - _____
Name: _____ Phone (____) _____ - _____
Name: _____ Phone (____) _____ - _____

Type of Ownership: Individual Partnership Corporation LLC

Is this a Home Business? Yes No

Nature of Business (Please check all that apply)

Retail Manufacturing Warehouse/Storage
 Office/Professional Services Public/Non-Profit

Hours of Operation: _____ Number of Employees: _____

Square Footage of Business: _____ Number of Vehicles Used: _____

Will this Business manufacture, store, or sell any type of hazardous material(s)? Yes No

List types: _____

Is there outdoor storage of materials? Yes* No

**If yes, please contact the Community Development Department, as a Special Use Permit may be required.*

Property Ownership Information

Are the premises leased? Yes* No

** Please submit a copy of the Lease Agreement with this Application for approval.*

Property Owners Name: _____

Owner's Address: _____ Unit (if applicable) _____

City: _____ State: _____ Zip Code: _____

Owner's Phone (____) _____ - _____ Emergency Phone (____) _____ - _____

Business/Store Name _____

Other Licenses/Forms

Other licenses or forms may be required for your business. Please mark all that apply and attach to this Application.

Food License Tobacco License Liquor License Gasoline License
 Amusement License Massage License
 Home Occupation Description Form Online Business Directory Form

List any Federal, State, and/or Will County agencies that regulate your business:

**A copy of any required licenses or certificates must be provided prior to Village Occupancy Approval. Failure to maintain Licenses/Certificates from other regulatory agencies may result in the revocation of your Mokena Business License.*

PLEASE NOTE: It is the responsibility of the Business Owner to call & schedule the Occupancy Inspection with the Community Development Department.

Certification of Applicant

"I hereby certify that all information provided by me in this application are true and correct to the best of my knowledge, information, and belief."

Business Owner's Signature or Designee: _____

Business Owner's Printed Name or Designee: _____

Today's Date: ____/____/____

For Office Use Only

Zoning District: _____ Lot # _____ Subdivision: _____

Comments: _____

Business License approved by: _____ Date: ____/____/____

Occupancy approved by: _____ Date: ____/____/____

AS400

Access

Website



Village of Mokena Online Business Directory Registration Form

For Office Use Only

Date Received _____
Business License _____
Application Complete Yes No
Occupancy Approved Yes No
Date Approved _____

If you are interested in having your business listed in our Online Business Directory at www.mokena.org, please fill out the following information completely. Our Business Directory is a central place where residents and potential customers can find your business's contact information.

Company Name as it appears on your Business License Application (ex. Venture Industries):

Business/Store Name as it appears on your signs/literature/etc. (ex. Irish Lassie's Imported Gifts)

Business/Store Address (please include street directional (N,E,S,W) and type (St, Rd, Ln, etc) Home Business addresses will not appear on our website:

Unit Number (if applicable) _____

Do you operate your business out of your home? YES NO

**Please note, if YES, your address will not be published for security purposes.*

Business/Store Phone Number: (_____) _____

Business/Store E-Mail address: _____

Business/Store Website: _____

Contact Person: _____

Please provide a short description of what your business provides

Village of Mokena ♦ 11004 Carpenter Street ♦ Mokena, IL 60448
Phone (708) 479-3900 ♦ Fax (708) 479-4844
communitydevelopment@mokena.org ♦ www.mokena.org

Please check all boxes that apply to your business/store:

<input type="checkbox"/>	Advertising, Marketing, Promotions, & Signs	<input type="checkbox"/>	Home Improvement & Gardening/Landscape
<input type="checkbox"/>	Arts, Culture, Entertainment, & Music	<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Automotive Services, Transportation, & Towing	<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Building & Construction Services	<input type="checkbox"/>	Lodging & Travel
<input type="checkbox"/>	Business Services	<input type="checkbox"/>	Manufacturing/Production, Wholesale, & Distribution
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Moving & Storage
<input type="checkbox"/>	Civic & Community Organizations	<input type="checkbox"/>	Parties/Special Events
<input type="checkbox"/>	Cleaners/Laundromats	<input type="checkbox"/>	Pets & Veterinary Services
<input type="checkbox"/>	Commercial/Industrial, Equipment, & Maintenance	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Computers, Electronics, Telecommunications, & Security	<input type="checkbox"/>	Printing, Office Equipment, & Office Supplies
<input type="checkbox"/>	Education	<input type="checkbox"/>	Real Estate & Property Management
<input type="checkbox"/>	Financial Services	<input type="checkbox"/>	Restaurants, Catering, & Food
<input type="checkbox"/>	Gas/Fuel, & Convenience Stores	<input type="checkbox"/>	Retail Shopping, Furniture, & Specialty Stores
<input type="checkbox"/>	Grocery, Liquor/Wine, & Tobacco	<input type="checkbox"/>	Salons, Spas, Tanning, & Barbershops
<input type="checkbox"/>	Health Care & Wellness	<input type="checkbox"/>	Sports, Recreation, & Exercise

Printed Name: _____

Signature: _____

Date: _____

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