Village of Itasca
2026 Business Renewal Form

Use this form for vending, tobacco, and live entertainment licenses

BUSINESS INFORMATION

Business Name: _____

Itasca Address: _____

Mailing Address (if different from Itasca Address): _____

Parent Company and Address (if applicable): _____

Phone: _____ Illinois Business Tax Number: _____

Email: _____ Website: _____

Does your business have any of the following:

Vending Machines (Y/N) _____   # of Machines _____

Live Entertainment (Y/N) _____   Tobacco Sales (Y/N) _____

Burglar Alarm (Y/N) _____

Select a Single Business Category Based on the Principal Business Use at the Local Location				
☐ Restaurant/ Bar	☐ Medical Office	☐ Laboratory/ Testing Facility	☐ Warehouse	☐ Manufacturing
☐ Business Office	☐ Retail	☐ Personal Services	☐ Day Care/ School	☐ Lodging

Total Sq. Ft. of Facility: _____

# of Employees at Location: _____

Description of Business Activities: _____

BUSINESS OWNER CONTACT INFORMATION   MANAGER CONTACT INFORMATION

Name: _____   Name: _____

Title: _____   Title: _____

Phone: _____   Phone: _____

E-mail: _____   E-mail: _____

BUSINESS RENEWAL FORM SUBMITTAL CHECKLIST

	Business License Renewal Form
	24-Hour Emergency Keyholder
	Burglar Alarm Permit Form

CERTIFICATION

Under the penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct, and complete, and the proposed use(s) is/are in full compliance with the Itasca Zoning Ordinance, a copy of which is available online at www.itasca.com.

Name:_____Title: _____

Signature:_____Date: _____

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OFFICE USE ONLY

Licensing Fees	Quantity	Amount	License #
Business License Fee			
Vending License Fee			
Tobacco License Fee			
Live Entertainment License Fee			
Total Fee:			

Received By:_____

Date Received:_____