



New Business Packet

Village of Itasca

550 W Irving Park Rd

Itasca, IL 60143

630-773-5568

Fax: 630-773-0852

Email: commdev@itasca.com

An electronic version of this packet can be downloaded and completed
at www.itasca.com/newbusiness

Overview of New Business Licensing and Inspections

Anyone occupying commercial space within the Village of Itasca must apply for a Business License and renew annually in order to operate.

1. **Submission of Application Forms and Fees:** Business completes and submits all applicable forms found in the Itasca New Business Packet to the Village of Itasca Community Development Department, 550 W. Irving Park Rd., Itasca, IL 60143.
2. **Staff Review and New Business Meeting:** Village staff will review the application to ensure it is complete and that the proposed use (i.e., type of business) is compatible with the zoning district in which it will be located. Staff will contact the Business Owner to schedule a New Business Meeting if needed.
3. **Zoning:** If the use is compatible with Village Zoning Code, Staff will contact you with a Zoning Certificate, the required Fee to complete the application, and to schedule a New Tenant Inspection.
4. **New Tenant Inspection (NTI):** Prior to a new business moving in, it is required that the Village of Itasca Community Development Department and local Fire District conduct a NTI of the existing facilities to determine if the building meets code requirements. Once the inspectors have completed their inspections, a list of inspection findings will be prepared and forwarded to you for your review. This list will include any code and life safety violations that need to be corrected prior to occupancy. The list may also include additional items that should be addressed. Review the list of items with your contractors and with the Community Development Department to determine a timetable for completion of all outstanding items. It is imperative that all life safety issues be addressed prior to occupancy.
5. **Business License Issuance:** Following the passing of the NTI and payment of all applicable fees, the Village will issue the Business License.
6. **Other Applications and Licenses May Be Required.** Depending on the type of business, the activities that take place at the business, and the equipment used to operate the business, additional documents may be required to be completed. These forms are included on our website. Please contact the Community Development Department at (630) 773-5568 with any questions or assistance with determining if any of these documents are necessary.

§ 110.16 BUSINESSES SUBJECT TO ANNUAL LICENSE FEES.

(A) Where a business is subject to a license fee based upon square footage, the following license fees shall apply:

Total Square Footage	License Fees
5,000 square feet or less	\$75
5,001 - 10,000 square feet	\$90
10,001 - 50,000 square feet	\$200
50,001 - 100,000 square feet	\$400
100,001 - 200,000 square feet	\$500
200,001 - 300,000 square feet	\$800
300,001 - 400,000 square feet	\$1,200
400,001 square feet or more	\$1,600

(B) All persons, partners, firms or corporations engaged in the businesses in the village which are described and set forth below shall file an application on the forms provided by the village, and shall furnish the information requested thereon, and shall pay the calendar year license fees provided for said business as set forth opposite the business activities described below.

Business Activities Licensed	Annual License Fees (Based on Square Footage unless otherwise noted)
AUCTIONEER	
Annual	\$75
Each day	\$15
CARNIVALS	
Per day	\$50
Plus each concession, per day	\$15
ENTERTAINMENT, LIVE	
Single performer, annually	\$ 40
Single performer, per day	\$ 25
Multiple performers, annually	\$600
Multiple performers, per day	\$ 40
EXHIBITION HALLS, FLEA MARKETS	
General, per day	\$ 36
Food facilities, per day	\$ 24
Each booth, in addition, per day	\$ 36

(Ord. 521-81, passed 12-15-81; Am. Ord. 820-94, passed 9-6-94; Am. Ord. 1119-02, passed 3-19-02; Am. Ord. 1179-03, passed 10-21-03; Am. Ord. 1238-05, passed 3-15-05)

§ 110.16 BUSINESSES SUBJECT TO ANNUAL LICENSE FEES.

GARAGES

Repair and service of motor vehicles \$ 50

HOSPITALS \$300

MOBILE FOOD TRUCK, per vehicle \$300

TAXICABS

Per cab \$ 54

Cab stand \$ 30

TOBACCO SALES \$100

VENDORS, ITINERANT

(retail, from vehicles)

Per vehicle \$ 50

VENDING MACHINES \$ 25

(coin-operated dispensers of goods and games)

(C) For those business activities not otherwise listed above, the business license fee shall be that which is nearest to a defined business activity.

(D) (1) If a business license is not renewed, or the appropriate business license fee is not paid, within 30 days of when any such business license renewal or license fee is due, the business in question shall be subject to an additional fee based upon the following schedule:

If after	But on or before	Additional Fee
30 days	60 days	\$20
60 days	90 days	\$50
90 days	120 days	\$100

(2) After 120 days, any business that has not renewed its business license or paid the license fee due shall be subject to a fine in the amount of \$750 upon conviction thereof, and each day of non-compliance shall constitute a separate violation of this chapter.

(3) In no case shall the amount of the additional fee provided for in this division be greater than the amount of the underlying business license fee for the business in question.

(4) Nothing in this division shall in any way limit or impair the ability of the village to prosecute violations of this chapter, as provided in § 110.99.



New Business Application

E-mail Completed Form To: commdev@itasca.com

Please Note: All Information is Required or Application will not be accepted.

BUSINESS INFORMATION

Business Name: _____

Proposed Itasca Address: _____

Mailing Address (if different from Proposed Itasca Address): _____

Parent Company and Address (if applicable): _____

Phone: _____ Illinois Business Tax Number: _____

Email: _____ Website: _____

Does your business collect retail sales tax: _____ Does your business sell tobacco products: _____

Does your business have live entertainment: _____ Does your business sell food: _____ Does your business sell alcohol: _____

Select a Single Business Category Based on the Principal Business Use/Activity at the Local Location				
<input type="checkbox"/> Restaurant/ Bar	<input type="checkbox"/> Medical Office	<input type="checkbox"/> Laboratory/ Testing Facility	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Business Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Day Care/ School	<input type="checkbox"/> Lodging

Detailed Description of Business Activities: _____

BUSINESS OWNER / MANAGER INFORMATION

Name: _____

Title: _____

Phone: _____

E-mail: _____

INVOICE BILLING CONTACT INFORMATION

Name: _____

Title: _____

Phone: _____

E-mail: _____

SITE INFORMATION

Sq. Ft. of Retail Space: _____

Sq. Ft. of Office Space: _____

Sq. Ft. of Warehousing / Industrial Space: _____

Sq. Ft. of Other Space: _____

Total Sq. Ft. of Facility: _____

Number of Company Vehicles Parked On-Site: _____

Total # of Parking Spaces Assigned to Your Business: _____

Total # of Employees at Location: _____

Number of Shifts: _____

Number of Employees On-Site During Peak Shift: _____

BUILDING OWNER INFORMATION

Please provide the Name, E-mail, and Phone Number of the owner of the building.

Name _____ E-mail _____ Phone Number _____

CO-TENANT INFORMATION (IF APPLICABLE)

Will you be a Co-Tenant with another company at the proposed Itasca location? Yes _____ No _____

If yes, please provide the name and phone number of each company. Please attach additional sheets if necessary.

Business Name _____ Use _____ Phone Number _____

1. _____

2. _____

OTHER ITASCA SITES (IF APPLICABLE)

Do you occupy more than one location in Itasca? Yes _____ No _____

If yes, please list the other addresses and square footage. Please attach additional sheets if necessary.

Address _____ Square Feet _____

1. _____

2. _____

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 Section 11.02 of the Itasca Zoning Ordinance, a copy of which is available online at www.itasca.com/comdev.

Name: _____ Title: _____

Signature: _____ Date: _____

OFFICE USE ONLY

	Date	By
Application Received		
NTI Scheduled		

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

License Number	
Business License	
Vending License	
Tobacco License	
Live Entertainment License	
Liquor License	



Non-Residential Wastewater Survey

This Survey Form is to be submitted with ALL New Business Applications

Please Note: All Information is Required or Application will not be accepted.

Business Name: _____

Proposed Itasca Address: _____

Authorized Business Representative: _____

Title: _____ Phone: _____ Email: _____

1. Number of Employees: Office Use (Avg. & Max): _____ All Other Uses (Avg. & Max): _____

2. Hours of Operations: Days M Tu W Th F Sa Su | Shifts/Day: _____ | Hours/Shift: _____

Shift Details: _____

3. Detailed Description of Site Use (include details of about processes to create product, if applicable): _____

4. Please check all applicable processes and sub-processes on site:

- Retail Office Wholesale Distributor Fabricating
- Food Establishment Medical Office Warehouse Manufacturing
- Auto/Truck Repair R&D Lab Packaging Other: _____
- Vehicle Wash Photo-Developing Printing (not copying) Other: _____
- Laundry Computer/ Data Center Assembling Other: _____

5. List of all Materials Received at the Facility: _____

6. Is process wastewater discharged: No Yes, describe: _____

7. Are liquids stored on site: No Yes, list of liquid(s), volume of liquid(s) and number and size of containers: _____

8. Please check all applicable processes which water is used for on site:

<input type="checkbox"/> Fouling	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Mixing	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Painting	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Rinsing	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

9. Please check all applicable materials used in your business:

<input type="checkbox"/> Chemicals	<input type="checkbox"/> Paint	<input type="checkbox"/> Oil	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Ink	<input type="checkbox"/> Dye	<input type="checkbox"/> Solvent	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

By signing below, you agree to the following statement:

"I certify that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for willingly submitting false information, including the possibility of fine and imprisonment."

Name: _____ Title: _____

Signature: _____ Date: _____

ITASCA POLICE DEPARTMENT
“An Illinois Accredited Police Agency”



540 W Irving Park Road, Itasca, Illinois 60143-2018
 Phone: 630-773-1004 www.itasca.com/police

Dear Business or Property Owner,

The Itasca Police Department needs your help in updating key holder information for your business located in Itasca. This information is used in the event of an emergency after normal business hours and all other times when your business is closed. If you have multiple locations, with the same responder information, please send a list of the property addresses when returning this letter.

This information will be used for **LAW ENFORCEMENT AND FIRE PURPOSES ONLY**. The following information is needed to complete our records. You will be asked to complete this form every twelve (12) months at time of renewal.

General Information	
Business Name:	
Business Address:	
Mailing Address (if different from mailing address):	
Phone:	Fax:
Email:	

Key Holder Contact Information	
Please provide three (3) names and contact information in the order that they are to be contacted in the event of an emergency after normal business hours. These people must be local and have keys to the property.	
1. Name:	
Phone # 1:	
Phone # 2:	
2. Name:	
Phone # 1:	
Phone # 2:	
3. Name:	
Phone # 1:	
Phone # 2:	

Include Survey Form with New Business License Application

Please Note: All Information is Required or Application will not be accepted.