



Village of Itasca – New Business Packet

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Welcome to Itasca

Dear Business Owner:

On behalf of the residents and businesses of Itasca, I would like to welcome you and your business to our community.

We strive to make Itasca a great place to do business. Itasca is conveniently located just five miles west of O'Hare International Airport at the crossroads of I-290, I-355, and IL-390. Our strategic location provides easy access to destinations throughout the Chicagoland region, nation, and international business world. Itasca offers some of the lowest tax rates in DuPage County, superior municipal services, a high quality of life, and on-going business support.



The Village created this packet in order to help ensure the new business permitting process is transparent, predictable, and efficient. If you have questions at any time, please do not hesitate to contact Itasca's Community Development Department at (630) 773-5568. Village staff are available to answer any questions you may have and to meet one-on-one with you, should you desire.

In cooperation with the Itasca Chamber of Commerce and the Greater O'Hare Business Association (GOA), the Village offers a number of resources and networking events for your business. You may wish to consider joining these organizations and information about the Itasca Chamber of Commerce is included in this packet. Also, watch for upcoming events on our economic development social media pages. Follow us on Facebook at "Itasca Means Business," and on twitter at @ItascaMeans.

Thank you for choosing Itasca as your business home.

Sincerely,

Jeff Pruyn, Village President



Mission

The mission of the Itasca Chamber of Commerce is to promote business alliances and advance the professional, economic, and industrial welfare of Itasca.

Benefits

- ***Networking***

The Itasca Chamber of Commerce can be a terrific source of business for your firm. Monthly meetings, committee involvement and special events offer you the opportunity to develop valuable business connections.

- ***Timely Business Seminars***

Throughout the year the Itasca Chamber of Commerce will sponsor seminars on a wide variety of topics. These seminars are informative, educational and designed to further enhance your business, making you more competitive in your market.

- ***Annual Events/Community Involvement***

Our yearly events include the elegant Wine & Beer Tasting, sold-out Summer Golf Outing, the hugely successful Multi Chamber Expo and a premier Fall Event. Both businesses and residents are invited to attend.

- ***Economic Development***

The Itasca Chamber of Commerce and the Village of Itasca cooperate to stimulate commercial activity, attract business into our area and encourage financial investment within the community.

- ***Advertising & Promotion***

As a member, your company will be listed on the Itasca Chamber of Commerce website with a link to your website and will be listed in our membership directory. Members can also take advantage of advertising in the newsletter and special event sponsorships to market their company.

- ***InterAction Newsletter and Pipeline News***

Members are kept informed of current topics, activities and member news through the InterAction and Pipeline New Publications. You will also receive separate mailings notifying you of special events and meetings throughout the year.

- ***Affiliate of the Greater O'Hare Association***

The Itasca Chamber of Commerce is an affiliate of the Greater O'Hare Association, Illinois' premier regional business organization. Through this affiliation you also may have a membership with the Greater O'Hare Association if you choose.

Joining the Itasca Chamber of Commerce

For more information or to join, please call the Itasca Chamber of Commerce at (630) 773-2949 or visit our website at www.itascachamber.com.

Overview of New Business Licensing and Inspections

The following is an overview of the process to become a properly licensed business in the Village of Itasca. Please contact the Community Development Department at (630) 773-5568 with any questions.

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. A checklist to help determine what forms are required is included on Page 7 of this packet.
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 to discuss the application, any proposed construction work and next steps of the Business License Process.
3. **Zoning Certificate Approval by the Board of Trustees:** After Village staff reviews and recommends that the proposed use is compatible with the zoning district in which it will be located, the Village Board of Trustees will then review the recommendation and either approve or deny the proposed use. If the use is approved, a Zoning Certificate is issued. *Note: If the use does not comply with the existing zoning regulations, you will be contacted by staff regarding further steps that need to be taken.*
4. **Scheduling New Tenant Inspection:** If the use is approved, Village Staff will contact you with the required Application and Fee for scheduling a New Tenant Inspection. Once the Application and Fee are submitted, the Business must contact the Community Development Department to schedule a New Tenant Inspection (NTI) in person or by calling (630) 773-5568.
5. **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 to conduct a New Tenant Inspection of the existing facilities to determine if the building meets code requirements for occupancy. 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. Once a timetable has been arranged, building permit(s) will need to be obtained for the work that needs to be completed, if required.
6. **Business License Fee & Issuance:** Following the passing of the New Tenant Inspection, the Village will issue an invoice for the payment of the Business License Fee. Once the fee is paid, the Village will issue a Business License and the business can begin operation.

Note: 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 in this packet. Please contact the Community Development Department at (630) 773-5568 with any questions or assistance with determining if any of these documents are necessary.

New Business License Application Checklist

Forms and Fees	Required with Application
New Business Application Form	Yes
Wastewater Survey Form	Yes
Itasca Police Department Key Holder Information Form	Yes
Payment of New Tenant Inspection Fee	No
Payment of Licensing Fees	No
Additional Forms, Depending on Business	Required with Application
Tobacco's Seller's License Application Form	Yes, if selling tobacco products on-site
Eating Establishment Registration Form	Yes, if selling prepared food for immediate consumption

Frequently Asked Questions

Q: What fees are required when submitting my New Business Packet?

A: No fees are required to be paid when submitting the New Business License Application nor will they be accepted. Village Staff will be notifying the applicant when it is the correct time to the New Tenant Inspection Fee and the Business License Fees.

Q: How long does it take for me to get my Certificate of Occupancy?

A: If no violations are found during a New Tenant Inspection, a Certificate of Occupancy can typically be issued within a couple of days of the inspection. However, if violations are found, a permit will need to be obtained to perform the work and the work will need to be completed. The Village will then need to re-inspect the property. For questions on applying for permits, contact the Community Development Department at 630-773-5568.

Q: How long after I get my Certificate of Occupancy can I get my Business License?

A: In order to be issued a Business License, a business must have Village Board Approval for its License and a Certificate of Occupancy and have paid all inspection and licensing fees. Business License Fee Invoice is sent once the New Tenant Inspection has been passed by the Village and local Fire Protection District.

Q: What is the Village's fee refund policy?

A: The Village cannot refund fees for any inspections (including the New Tenant Inspection) or any licenses already issued.

Q: Are other documents required?

A: 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 in this packet. Please contact the Community Development Department at (630) 773-5568 with any questions or assistance with determining if any of these documents are necessary.



Village of Itasca – New Business Application

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

Please Note: The business name, address, phone, fax, e-mail, website, and description will be listed in the Itasca Online Business Directory.

BUSINESS INFORMATION

Business Name: _____

Proposed Itasca Address: _____

Current 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: Yes _____ No _____ Does your business sell tobacco products: Yes _____ No _____

Does your business have live entertainment: Yes _____ No _____

Select a Single Business Category Based on the Principal Business Use 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	INVOICE BILLING CONTACT INFORMATION
--------------------------------------	-------------------------------------

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

SITE INFORMATION

Sq. Ft. of Retail Space: _____

Number of Company Vehicles Parked On-Site: _____

Sq. Ft. of Office Space: _____

Number of Vending Machines On-Site: _____

Sq. Ft. of Warehousing / Industrial Space: _____

Total # of Parking Spaces Assigned to Your Business: _____

Sq. Ft. of Other Space: _____

Total # of Employees at Location: _____

Total Sq. Ft. of Facility: _____

Number of Shifts: _____

Zoning: _____

Number of Employees On-Site During Peak Shift: _____

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.

<u>Business Name</u>	<u>Use</u>	<u>Phone Number</u>
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.

<u>Address</u>	<u>Square Feet</u>
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

Fee	Amount Paid	Date	Received By
New Tenant Inspection			
Total Business License			

Licensing Fees	Quantity	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	



Non-Residential Wastewater Survey

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:

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

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 have keys to the property.	
1. Name:	
Phone # 1:	
Phone # 2:	
2. Name:	
Phone # 1:	
Phone # 2:	
3. Name:	
Phone # 1:	
Phone # 2:	

Thank you for your cooperation, please return to:

Mail: Itasca Police Department -OR- **Fax:** Itasca Police Department
Attn: Records Attn: Records
540 W. Irving Park Road 630-773-1805
Itasca, IL 60143

VILLAGE OF ITASCA

PERMIT # _____ - _____

540 W IRVING PARK ROAD, ITASCA, ILL. 60143
 Administrative (630) 773-1004 Fax (630) 773-2734

APPLICATION FOR USER PERMIT
 RESIDENTIAL AND COMMERCIAL BURGLAR ALARM SYSTEMS

***** RETURN THIS DOCUMENT TO THE ITASCA POLICE DEPARTMENT FOR PROCESSING *****

COMPANY NAME OR PROPERTY OWNER (if residence)			
PROTECTED PREMISE ADDRESS AND TELEPHONE NUMBER	ADDRESS	TELEPHONE NUMBER	

LOCATION DESCRIPTION	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OFFICE
	<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> PUBLIC INSTITUTION	<input type="checkbox"/> RESIDENCE

TYPE OF ALARM INSTALLED (check all that apply)	<input type="checkbox"/> AUDIBLE	<input type="checkbox"/> PERIMETER	<input type="checkbox"/> INTERIOR
	<input type="checkbox"/> HOLDUP	<input type="checkbox"/> GLASS BREAK	<input type="checkbox"/> MOTION
	<input type="checkbox"/> OTHER	<input type="checkbox"/> DURESS	<input type="checkbox"/> PANIC

NAME OF ALARM INSTALLATION COMPANY			
---	--	--	--

STREET ADDRESS	CITY / STATE / ZIP CODE	TELEPHONE
----------------	-------------------------	-----------

NAME OF ALARM MONITORING COMPANY			
---	--	--	--

STREET ADDRESS	CITY / STATE / ZIP CODE	TELEPHONE
----------------	-------------------------	-----------

NAME OF COMPANY SERVICING ALARM			
--	--	--	--

STREET ADDRESS	CITY / STATE / ZIP CODE	TELEPHONE
----------------	-------------------------	-----------

NAME OF PERSON TO WHOM ALL ALARM CORRESPONDENCE SHALL BE DIRECTED (NOT THE ALARM COMPANY)	NAME / POSITION	TELEPHONE
	ADDRESS	CITY / STATE

PROVIDE A LIST OF THREE PERSONS, INCLUDING THEIR ADDRESSES AND TELEPHONE NUMBERS, WHO CAN BE CONTACTED (AND WILL RESPOND) TO THE PREMISES IN THE EVENT OF AN EMERGENCY, OR TO RESET OR DEACTIVATE THE ALARM SYSTEM.

1	NAME:			
	ADDRESS:			
	TELEPHONE		Other Telephone #	
2	NAME:			
	ADDRESS:			
	TELEPHONE		Other Telephone #	
3	NAME:			
	ADDRESS:			
	TELEPHONE		Other Telephone #	

PERMIT # _____ - _____

 PRINTED NAME OF APPLICANT

 SIGNATURE OF APPLICANT

 DATE

NOTE: IT IS UNLAWFUL FOR ANY ALARM USER TO FAIL TO AMEND ITS ALARM USER PERMIT APPLICATION WITHIN 14 DAYS AFTER ANY OF THE INFORMATION REQUIRED AND CONTAINED THEREIN BECOMES OUTDATED OR INACCURATE.

OFFICE USE ONLY	APPROVED []	ENTERED []
-----------------	-----------------------------------	----------------------------------

STATE OF ILLINOIS)
)
COUNTY OF DUPAGE)

AFFIDAVIT OF OFFICE USE

I, _____, being first duly sworn, state the following on personal knowledge:
(Print Full Name)

- 1.) I am the _____ of the property located at _____,
(Specify either Landlord or Tenant) (Insert Address)
in the Village of Itasca, hereinafter referred to as the "Subject Property."
- 2.) The Subject Property is located in the O-R Office Research District or the ROC Regional Office Center District zoning classification.
- 3.) The Subject Property is to be occupied by _____, which
(Insert Company Name)
is engaged in the business of _____.
(Insert Nature of Business or Use)
- 4.) The use of the Subject Property is strictly office in nature, in that the Subject Property is used solely for the conducting of affairs of a business, profession, service, or industry, or government, and that no other uses are conducted from the Subject Property.

FURTHER AFFIANT SAITH NOT

Subscribed and Sworn to before me this _____ day of _____, 20____.

(Affiant's Signature)

(Company)

(Title)

(Date)

NOTARY PUBLIC (Seal)



Village of Itasca
Eating Establishment Tax

For complete details, please refer to Itasca Code of Ordinances Section 34.15, which is available online at www.itasca.com.

Tax Imposed: There is hereby imposed upon owners of places for eating within the corporate limits of the Village of Itasca a tax at the rate of one percent (1%) of gross receipts received for prepared food sold at retail by the owner on or after October 1, 2011.

Items Taxed: Sale of “prepared food”, which is defined as any solid food or liquid (including both alcoholic and nonalcoholic beverages), powder, or item used or intended to be used for human internal consumption, whether simple, compound, or mixed, cooked or raw, and which has been prepared for immediate consumption.

Businesses Subject to the Tax: All businesses located within the corporate limits of the Village of Itasca where prepared food is sold at retail for immediate consumption, with seating provided for that consumption, whether consumed on premises or not, and whether such places for eating use is conducted along with any other use(s) in a common premise or business establishment. Restaurants, eating places, drive-in-restaurants, buffets, bakeries, banquet facilities, cafeterias, cafes, lunch counters, fast food outlets, catering services, coffee shops, diners, sandwich shops, soda fountains, bars, cocktails lounges, ice cream shops, tea rooms, delis, hotels, motels, wine shops or clubs, or any other establishments which sell at retail prepared food for immediate consumption.

Tax Collection: The owner of a place for eating may collect an amount from patrons who purchase prepared food at the place for eating which shall reimburse the owner for the tax imposed on the owner. Failure of the owner to collect the tax from the patron(s) purchasing prepared food at the place for eating does not absolve the owner of the duty to pay the tax.

Exempt Establishments: Establishments that are exempt from the sales tax provisions of state statute are exempt from the eating establishment tax and Illinois not for profit corporations or religious corporations in good standing with the Office of the Illinois Secretary of State.

Commission: The owner filing these tax returns to the Village may keep a commission of one percent (1%) of the amount of the tax to reimburse for expenses incurred in the administration of the tax.

Transmittal of Tax Revenue by Owner: The owner(s) shall file a sworn monthly tax return highlighting gross receipts received during each calendar month on forms prescribed by the Village. The tax return must be filed within 20 days after the end of the month covered by the return.

Return Eating Establishment Registration or Remit Eating Establishment Tax Revenue to:

Village of Itasca
ATTN: ACCOUNTS RECEIVABLE
550 W. Irving Park Road
Itasca, Illinois 60143
Phone: 630-773-0835 | Fax: 630-773-2505



Village of Itasca
Eating Establishment Registration
Return Completed Form to:
 Village of Itasca
 ATTN: ACCOUNTS RECEIVABLE
 550 W. Irving Park Road
 Itasca, Illinois 60143

Business Name:		Business Location Address:		Business Phone Number:	
Mailing Address (if different from business location):			City, State, and Zip:		
Owner's Name:			Owner's Home Phone Number:		
Owner's Email Address:					
Owner's Home Address:			City, State, and Zip:		
Illinois Sales Tax Number:			Date Business Commenced:		
Federal Tax ID Number:			Check One: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
If a Corporation or Partnership, give legal name if other an Business name:					
Corporation or Partnership Address:					
Corporation or Partnership Email Address:					

Please review the Village's Places for Eating Tax Ordinance (Ord. No. 1576-11) before answering the following questions:

- Is your business responsible for payment of the Places for Eating Tax? Yes_____ No_____

If **Questions 1** is answered "No", please complete Question 2, sign the registration and return to the address above.

If **Question 1** is answered "Yes", skip question 2, complete rest of registration, sign and return registration to the address above. The Village will mail the required Places for Eating Tax Return to the Mailing Address above.
- Please list reason(s) why you believe your business is not liable for collection and payment of the Places for Eating Tax: _____
- Current frequency of filing Illinois Sales Tax Return: Monthly_____ Quarterly_____ Annually_____

Under 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.

 Printed Name:

 Title:

 Signature:

 Date:



Village of Itasca

Eating Establishment Tax Return

Return Completed Form with Remittance To:

Village of Itasca
ATTN: ACCOUNTS RECEIVABLE
550 W. Irving Park Road
Itasca, IL 60143
Phone: 630-773-0835 | Fax: 630-773-2505

Business Name: _____
Doing Business As: _____
Local Address: _____
Reporting Period: _____
FEIN: _____

Taxes must be paid by the 20th day of the month following the reporting period.

- | | |
|---|-------------------------|
| 1. Gross Sales (<i>Should agree with IL ST-1, Line 3</i>) | 1. _____ |
| 2. Deductions of Sales Not Subject to Tax (<i>T-Shirts, etc.</i>) | 2. _____ |
| 3. Taxable Receipts (<i>Line 1 minus Line 2</i>) | 3. _____ |
| 4. Amount of Tax (<i>Multiply by Line 3 by 1%</i>) | 4. _____ |
| 5. Commission if Paid on Time (<i>Multiply Line 4 by 1%</i>) | 5. _____ |
| 6. Total Payment Due (<i>Line 4 minus Line 5</i>) | 6. <input type="text"/> |

**Please remit payment for the amount shown in Line 6.
Make checks payable to the "Village of Itasca."**

Under penalties as provided by law, I declare that I am the authorized person and to the best of my knowledge and belief, the information on this return is true, correct, and complete.

Signature

Date

Printed Name and Title

Phone Number

Email



Village of Itasca – Tobacco Seller’s License Application

A completed Tobacco Seller’s License application form should only be submitted by businesses selling tobacco products. All other businesses are not required to submit this application form. The annual fee for a Tobacco’s Seller’s License is \$100.

Business Name: _____

Business Location Address: _____

Mailing Address (if different from proposed Business Location Address): _____

Business Phone: _____ Business Fax: _____

Email: _____ State of Illinois Tax ID #: _____

Corporation Name: _____

Corporation Headquarters Address: _____

Names and Titles of Corporate Officers: _____

Has the applicant ever before made a similar application in this or any other jurisdiction? Yes No

If yes, where and when? _____

Has the applicant had any business related (including alcohol or tobacco) licenses revoked or suspended? _____

If yes, the reason for such revocation or suspension and business activity subsequent to such action:

Will the business be operated by a manager or agent? If yes, list the following:

Date of Birth: _____ Place of Birth: _____

Name: _____

Address: _____

Provide a copy of manager or agent’s Driver’s License, or the submitter’s Driver’s License if there is no manager or agent, to demonstrate applicant is at least 18 years of age.



Village of Itasca – Tobacco Seller’s License Application

A completed Tobacco Seller’s License application form should only be submitted by businesses selling tobacco products. All other businesses are not required to submit this application form. The annual fee for a Tobacco’s Seller’s License is \$100.

Name of Tobacco Displays and/or Vending Machines: _____

Name and address of owner of premises for which license is sought: _____

Term of lease: From _____ To: _____

If the license holder places a vending machine in the premises of a building or business that is not requesting this license, state the owner or manager of the premises:

Under 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.

Applicant Signature

Date

If Vending Machine License, Signature of Owner or
Manager of Premises

Date

Return Completed Form and Copies of Driver’s License(s) along with New Business License Application.

For office use only:

License #: _____ Date: _____ Cash/Check#: _____

ITASCA POLICE DEPARTMENT



540 W Irving Park Road, Itasca, Illinois 60143-2018
Phone: 630-773-1004 Fax: 630-773-2734

Dear Alarm Permit Holder:

In 2001, the Village of Itasca Board of Trustees passed the amended ordinance 993-98 pertaining to the regulation of licensed burglar alarm systems within the Village. Specifically, the false alarm fine schedule has been amended as follows:

1-3 False Alarms	No Charge
4-5 False Alarms	\$75.00 per false alarm
6-7 False Alarms	\$150.00 per false alarm
8-9 False Alarms	\$350.00 per false alarm
10 th False Alarm and above	\$500.00 per false alarm and initiation of the revocation process

We hope you continue to make efforts to reduce the number of false alarms occurring at your address.

If you have any questions concerning your alarm permit or need assistance with your alarm system, please do not hesitate to contact the Itasca Police Department Records Division at 630-228-5711, Monday through Friday from 8:00 am to 4:00 pm.

Sincerely,

Robert O'Connor
Director of Police