



2026

VILLAGE OF HOMER GLEN  
14240 W. 151<sup>st</sup> Street  
HOMER GLEN, ILLINOIS 60491

<u>FOR VILLAGE USE ONLY</u>	
<b>Submit Original to Village Clerk</b>	
Check # _____	Amt. <b>\$75.00</b>
Credit Card Type _____ (Attach Receipt)	
Reg. No. _____	Date Issued _____
Zoning Approved _____	Building Dept. _____

**APPLICATION FOR COMMERCIAL BUSINESS LICENSE**

**Please Note:** Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For any questions, call Village Hall at (708) 301-0632.

<b>Are you a New Business (circle one):</b> Yes    No <b>Has any Information Changed (circle one):</b> Yes    No	
Business Name: _____ DBA: _____	
Business Telephone: _____ Website: _____	
Business Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>	
Manager/Contact Person: _____ Cell Phone #: (____) _____	
Email: _____	
Second Contact Person: _____ Cell Phone #: (____) _____	
Email: _____	
<b>Mailing Address (if different than above)</b>	
Name: _____ Telephone: _____	
Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>	
<b>Parent Company Main Office (if applicable)</b>	
Name: _____	
Telephone: _____ Email _____	
Parent Company Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>	
<b>Federal Tax ID Number (fill out all that apply):</b>	
Illinois Business Tax #: _____ Federal ID #: _____	
Type of Ownership:    ( ) Individual    ( ) Partnership    ( ) Corporation    ( ) LLC	
<b>Please Proceed to Page 2</b> ➔	

**Please select Business Category:**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Landscape/Lawncare
<input type="checkbox"/> Amusement/Golf	<input type="checkbox"/> Laundry
<input type="checkbox"/> Animal Care	<input type="checkbox"/> Machine Shop
<input type="checkbox"/> Attorney	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Auto Dealer/Leasing	<input type="checkbox"/> Media Marketing/Advertising
<input type="checkbox"/> Auto/Truck Repair	<input type="checkbox"/> Nonprofit/Church
<input type="checkbox"/> Car Wash/Auto Detail	<input type="checkbox"/> Real Estate/ Property Management
<input type="checkbox"/> Construction/Engineer/Architect	<input type="checkbox"/> Refuse/Recycling
<input type="checkbox"/> Contractor	<input type="checkbox"/> Rental Equipment
<input type="checkbox"/> Corporate Headquarters	<input type="checkbox"/> Retail
<input type="checkbox"/> Distributor	<input type="checkbox"/> Retail Firearms
<input type="checkbox"/> Education/Childcare	<input type="checkbox"/> Restaurant/Bar/Food Service
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Salon/Spa
<input type="checkbox"/> Financial Service/Bank	<input type="checkbox"/> Spa With Massage Services
<input type="checkbox"/> Fitness/Gym/Sports	<input type="checkbox"/> Transportation
<input type="checkbox"/> Funeral Home	<input type="checkbox"/> Utility
<input type="checkbox"/> Gas Station/Convenience	<input type="checkbox"/> Warehouse/Storage
<input type="checkbox"/> Health Care/ Medical	<input type="checkbox"/> Other _____
<input type="checkbox"/> Home Repair	
<input type="checkbox"/> Hospitality/Hotel	

**Would you like your Business listed on the Village Website's Business Directory?**

( ) Yes ( ) No

**Hours of Operation:**

Is your business ever open past 11:00 p.m.? ( ) Yes ( ) No

If you checked Yes, please list hours of operation: \_\_\_\_\_

\*If your business is open past 11:00 p.m., you may need to apply for a free extended hours permit. Village staff will contact you with more information.

**Square Footage:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Owner or Agent for Owner**

Date \_\_\_\_\_