

# HOME OCCUPATION BUSINESS LICENSE APPLICATION

Calendar year beginning January 1, 2018 and ending on December 31, 2018

**APPLICATION FEE: \$75.00**

New Business \_\_\_\_\_ Annual Renewal \_\_\_\_\_ Address Change within Matteson from: \_\_\_\_\_, Matteson, IL

Business Name (as it will appear on license): \_\_\_\_\_

Business Address (as it will appear on license): \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Is it ok to share Business Address & Phone # with the public? Yes \_\_\_\_\_ No \_\_\_\_\_ Best # to reach you: \_\_\_\_\_

If P.O. Box above, your home address: \_\_\_\_\_ Matteson, IL

Type of Business: \_\_\_\_\_ Hours & Days of Operation: \_\_\_\_\_

Temporary/Seasonal Business? \_\_\_\_\_ Indicate time period you will be operating? \_\_\_\_\_

Number of Jobs: \_\_\_\_\_/Illinois Retailers Occupational Tax/Sales Tax # \_\_\_\_\_/FEIN # \_\_\_\_\_

Do you have an Alarm System? No \_\_\_\_\_ Yes \_\_\_\_\_ Type: Fire \_\_\_\_\_ Burglar \_\_\_\_\_ Do you have a hold-up/panic button? \_\_\_\_\_

Name of Alarm System Company \_\_\_\_\_ phone \_\_\_\_\_

Key Holders (Order to Call)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*In accordance with Zoning Ordinance Section 159.04(84) "Home Occupations" (a copy of which is available on our website or by contacting our office) **please initial each statement below** indicating that you have read and fully understand the regulations for Home Occupations and agree to conduct your home business located at \_\_\_\_\_ in accordance with these regulations. Refer to Zoning Ordinance for a list of prohibited home businesses. Failure to comply with Ordinances of the Village of Matteson may result in termination of your license and further action from the Village, including daily citations.*

**INITIAL EACH STATEMENT**

\_\_\_\_\_ There will be no person employed other than a member of the immediate family residing on the premises.

\_\_\_\_\_ There will be no keeping, maintaining, or sorting of inventory or machinery.

\_\_\_\_\_ There is no commodity sold upon or from the premises

\_\_\_\_\_ There will be no more than 3 pupils, clients, customers present at the same time

\_\_\_\_\_ There will be no mechanical equipment used except such as is normally used for purely domestic purposes

\_\_\_\_\_ Any commercial vehicle in connection with the home occupation will be parked within a fully enclosed and closed private garage

\_\_\_\_\_ There will be no signage.

*Annual renewal & fees must be submitted to the Village Clerk's Office on or before close of business December 30, 2017. Upon processing, the license will be mailed to the business address above. The license is for the calendar year at the top of this application and expires on December 31<sup>st</sup>. The license fee is not prorated.*

**Applicant Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Type/Print Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Cash \_\_\_\_\_ Check/MO # \_\_\_\_\_ Last 4 Digits of Credit Card \_\_\_\_\_ exp. Date: \_\_\_\_\_

Application Approved: \_\_\_\_\_ /Denied: \_\_\_\_\_ By Zoning: \_\_\_\_\_ Date: \_\_\_\_\_