

COMMERCIAL/RETAIL BUSINESS LICENSE APPLICATION

Calendar year beginning January 1, 2021 and ending on December 31, 2021

Please complete 2 page document in its entirety and return it to the Village Clerk's Office. Upon processing, license will be mailed to local address for posting. License must always be visible. Fees are not prorated. License is for calendar year above and expires on December 31st. Failure to comply with Village Ordinance may result in termination of your license and further action by the Village, including daily citations. Please contact the Village Clerk's Office should you have any questions. New Business or New Owner may be subject to additional inspection fees. Contact the Building Department for further information.

New Business ___ Annual Renewal ___ New Owner ___ Address Change ___ Business Name Change ___

Address/Name Change: What is previous Matteson address or Name _____, Matteson, IL

Business Name (as it will appear on license): _____

Business Address (as it will appear on license): _____

"List the business address above as it appears on the reporting document to the IL Dept. of Revenue"

Business Telephone #: _____ Fax #: _____ Email: _____

Is Business owned by an Individual ___ Partnership ___ Corporation ___ LLC ___

Corporation Name _____ Phone _____

Corporation Address _____

Individual Owner Name: _____

Name of person/department completing application _____ phone _____

Type of Business: _____ Hours & Days of Operation: _____

Is this a Temporary or Seasonal Business? No ___ Yes ___ What months will Business operate? _____

Square Footage of Building: _____ Number of Jobs: _____ /Illinois Retailers Occupational Tax/Sales Tax # _____

Federal Employer 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: _____

Name: _____ Phone: _____

Applicant Signature: _____ **Title:** _____

Type/Print Applicant Name: _____ **Date:** _____

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

Approved: _____ /Denied: _____ By Zoning: _____ Date: _____

Building _____ Fire _____ Police _____ Finance _____ Econ. Development _____

Commercial/Retail Annual Business License Fees:

Gasoline Filling Station (food inspection & tobacco fees below).....	\$250.00	\$ _____
Motor Vehicle Repair Shop.....	\$250.00	\$ _____
Taxicab.....	\$200.00	\$ _____
Scavenger (not under contract with any inhabitant of any building in the Village)....	\$150.00	\$ _____
Scavenger (under contract with any inhabitant of any building in the Village).....	\$1000.00	\$ _____
Massage Establishment \$500.00 (separate application required-contact the Clerk’s Office)		
Adult Use \$500.00 (separate application required-contact the Clerk’s Office)		
Second Hand Dealer based upon square footage (separate application required-contact the Clerk’s Office)		

Vending Machines: *an annual permit is required for machines located in any building within the Village. Person/s responsible for machine must contact the Clerk’s Office for permit/license application.*

ANNUAL FEES BASED ON SQUARE FOOTAGE

In the event there is no specific fee listed above for the type of business, the annual fee shall be based upon the total area utilized for business operations or the area under the control of the business, excluding loading docks and parking areas as follows:

0 to 2,500 square feet.....	\$150.00	\$ _____
2,501 to 5,000 square feet.....	\$175.00	\$ _____
5001 to 10000 square feet.....	\$200.00	\$ _____
10,001 to 20,000 square feet.....	\$250.00	\$ _____
20,001+ square feet.....	\$300.00	\$ _____

ANNUAL FOOD HANDLER/INSPECTION FEES

In addition to the business license fee, food establishments must pay an inspection fee annually as follows:

Retail Food Store.....	\$125.00	\$ _____
Food Service (Restaurant)	\$225.00	\$ _____

ANNUAL TOBACCO FEE

In addition to the annual business license fee and inspection fee, establishments that sell tobacco products are required to pay an annual tobacco fee as follows:

Tobacco	\$125.00	\$ _____
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TOTAL DUE **\$ _____**

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