



**VILLAGE OF LAKE BLUFF
APPLICATION FOR A BUSINESS OCCUPANCY CERTIFICATE**

CONTACT INFORMATION:

Name of Business: _____

Business Address: _____

Business Phone Number: _____ Fax Number: _____

Primary Contact Name: _____

Emergency Contact Name: _____ Emergency Number: _____

BUSINESS INFORMATION:

Federal Employer I.D. Number: _____

Illinois State Tax I.D. Number: _____

Describe the Operations of the Business: _____

Number of Employees: _____ Size of Business Space: _____ square feet

REQUIRED FEE AND OCCUPANT'S SIGNATURE:

The undersigned applicant hereby agrees to conform to all laws, ordinances, rules and regulations concerning the conduct of the business for which the license herein is applied. This application does not authorize the operation of a business for which a permit is applied. The business shall not be operated until a Business Occupancy Certificate is issued.

Required Fee: \$100.00

Applicant's Signature

Date

OFFICE USE ONLY:
Village Staff Review _____ Fee Paid \$ _____