



Business Registration & Zoning Occupancy Certificate Application

Fire Prevention Inspection & Emergency Contact Registration

All questions regarding this application should be directed to the Planning & Development Department at 630-547-5250. Submit payment and completed application to:

Village of Glen Ellyn
 Planning & Development Department
 535 Duane St.
 Glen Ellyn, IL 60137

PRIOR TO OPENING DATE, CALL PLANNING & DEVELOPMENT DEPARTMENT TO SCHEDULE A PRE-OPENING FIRE INSPECTION

APPLICATION INFORMATION (CHECK ALL THAT APPLY)

New Business			
<i>If an existing Glen Ellyn Business, check all that apply.</i>			
Name Change	Address Change	Ownership Change	Update Contact Information
Is this the only business that will operate under this address?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Will a building permit application be submitted for proposed alterations or improvements?			Yes <input type="checkbox"/> No <input type="checkbox"/>

BUSINESS INFORMATION

Business Name:		Illinois Business Tax ID:	
Doing Business As:		Planned Opening Date:	
Business Address:		Business Phone:	
Business Email:		Business Fax:	
Property PIN:		Sq. Footage/Area:	
Days and Hours of Operation:		Maximum Number of employees at this location at 1 time:	Full time: _____ Part time: _____
Describe all activities & operations performed and all products and materials stored or sold at this location:			
Will tobacco products be sold? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Will liquor be dispensed or sold at this location? (Separate license required) YES <input type="checkbox"/> NO <input type="checkbox"/>			

BUSINESS CONTACT INFORMATION

Business Owner:		Business Owner Phone:	
Business Owner Address:			
Business Owner Email:		Business Owner Fax:	
Business Contact Person: <i>(if not Owner)</i>		Business Contact Phone:	
Business Contact Email:		Business Contact Fax:	
Property /Landlord Owner:		Property Owner Phone:	
Property Owner Email:		Property Owner Fax:	

EMERGENCY CONTACT INFORMATION (Must be available via phone 7days/week & 24hrs/day)

Name:		Phone 1:		Phone 2:	
Name:		Phone 1:		Phone 2:	
Alarm Company:				Phone:	

BILLING INFORMATION (IF DIFFERENT FROM BUSINESS INFORMATION ABOVE)

Billing Contact Name & Department:		Phone:	
Complete Billing Address:			
Billing Email:		Billing Fax:	

Business Owner Signature: _____ **Date:** _____
Printed Name: _____

----- OFFICE USE ONLY - ENTIRE PAGE -----
BUILDING USE CLASSIFICATION & FIRE INSPECTION FEES

BUSINESS CATEGORY	BUSINESS TYPE	DESCRIPTION	FIRE INSPECTION FEE	ENTER APPLICABLE FEES
A	1	Fixed Viewing	150	
	2.1	Food & Drink (up to 1,000 sf)	75	
	2.2	Food & Drink (over 1,000 sf)	150	
	3	Worship, recreation or amusement	150	
	4	Indoor Events	150	
	5	Outdoor Events	150	
B	1	Business (up to 1,000 sf)	50	
	2	Business (over 1,000 sf)	75	
E	1	Education	100	
	2	Day Care Facility	75	
F	1	Factory - Moderate Hazard	125	
	2	Factory - Low Hazard	125	
H	1	High Hazard - Detonation	125	
	2	High Hazard - Deflagration	125	
	3	Combustion	125	
	4	Corrosive	125	
	5	Research & Development	125	
I	1	Ambulatory - 16+ Occupants	150	
	2	Non-ambulatory	150	
	3	Restrained	150	
	4	Day Care Facility	150	
M	1	Mercantile (up to 1,000 sf)	50	
	2	Mercantile (1,001 to 4,000 sf)	75	
	3	Mercantile (over 4,000 sf)	150	
R	1	Transient Housing	150	
	2	Permanent Housing	50	
	3	Adult or Child Care Congregate Living	125	
	4	Adult Care/Assisted Living	150	
S	1	Storage - Moderate Hazard	75	
	2	Storage - Low Hazard	50	
U	U	Miscellaneous	50	

OTHER INSPECTIONS/FEES				
		Change of Ownership (same business)	30	
		Change of Occupancy (new business or use)	50	
		Commercial Kitchen Hood and Duct	50	
		Tobacco License (Annual)	100	
		Change of Business Name	30	
		Change of address remaining within Glen Ellyn	30	
		New Business (New Building)	100	
			Total Fees:	
			Date Paid:	

BUILDING & ZONING REVIEWS	
Zoning District:	
Permitted Use Section:	
Special Use Section:	
Maximum Capacity:	

OCCUPANCY INSPECTION - SPECIAL INSTRUCTIONS	
DATE	COMMENTS