



**APPLICATION FOR BUSINESS OCCUPANCY**  
**CITY OF ELGIN**  
 150 Dexter Court  
 Elgin IL 60120

<b>OFFICE USE ONLY: APPLICATION #</b>	
<b>REASON FOR REQUEST</b>	
<b>New Business:</b>  <input type="checkbox"/> New Tenant	<b>Existing Business:</b>  <input type="checkbox"/> Change in Use/Additional Services <input type="checkbox"/> Change in Ownership  <input type="checkbox"/> Expansion <input type="checkbox"/> No Change
<b>REQUIRED SUBMITTALS (Except For No Change Existing Tenants)</b>	
<input type="checkbox"/> Floor plan (scaled) including offices, bathrooms, display area, dimension of rooms, doorways, walls, etc. <input type="checkbox"/> Site plan including: a) buildings, tenants, and land uses; b) vehicle use areas and parking spaces; c) existing and proposed signs; d) landscaped areas; and e) outdoor storage, sales or operations.	
<input type="checkbox"/> \$200 Permit Fee (Except for No Change)	State Tax ID Number _____
<b>BUSINESS INFORMATION</b>	
Business Name:	
Business Address:	
Business Telephone:	
Business Statement: Please provide the information requested on the reverse side of this Application.	
Business Hours:	Peak Business Hours:
# of Largest Shift Employees:	# of Parking Spaces:
<b>BUSINESS OWNER INFORMATION</b>	
Business Owner's Name:	
Business Owner's Address:	
Business Owner's Telephone:	
E-mail:	
<b>PROPERTY OWNER INFORMATION</b>	
Property Owner's Name:	
Property Owner's Address:	
Property Owner's Telephone:	
<b>ADDITIONAL REQUIREMENTS</b>	
1. A <b>building permit</b> is required if any changes will be made to the existing building or parking lot.	
2. A <b>sign permit</b> is required if any changes will be made to the existing signage.	
3. <b>Fox River Water Reclamation District must be contacted at (847) 742-2068</b> prior to occupying the space. If any additional plumbing fixtures will be installed a permit will also be required.	
<b>A BUSINESS MAY NOT OCCUPY A BUILDING OR TENANT SPACE OR COMMENCE OPERATIONS UNTIL THE BUSINESS OWNER POSSESSES A CERTIFICATE OF OCCUPANCY. A CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL THE CITY HAS INSPECTED THE PROPERTY FOR CODE COMPLIANCE.</b> Contact Community Development at (847) 931-5920 and Fire Department at (847) 931-6175 to schedule all occupancy inspections.	
I understand that my business <u>cannot</u> begin operating until I have received a Certificate of Occupancy.	
Date:	Business Owner's Signature:

## BUSINESS STATEMENT

Please provide a Business Statement explaining the nature of the proposed business. At a minimum, please provide the information requested below. **Any other information which will help staff to understand the proposed business will also be appreciated.** You may use the spaces provided below or submit a separate sheet.

1. Describe the type of business (retail, restaurant, repair, manufacturing, etc.) and how it will be operated. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. If there are multiple components to the business (such as warehousing and office, retail and wholesale, or retail and repair), describe in detail the mix of uses. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If an auto repair or service is proposed, list the number of bays. \_\_\_\_\_  
If a hair or nail salon (or similar business) is proposed, list the number of chairs. \_\_\_\_\_  
If a doctor's office is proposed, list number of examination rooms. \_\_\_\_\_
4. Describe the number of customers or clients that are anticipated during peak business hours.  
\_\_\_\_\_  
\_\_\_\_\_
5. Will any business operations (sales, display, storage or processing) take place outside? \_\_\_\_\_  
If so, indicate on the site plan the area in which the outdoor operations will take place and provide a description of those outdoor operations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe the frequency of deliveries to and from the site and the type of delivery vehicles that will be used (panel truck, semi-trailer, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Will the business have any company vehicles that will be kept on site? \_\_\_\_\_ If so, describe the number and type of vehicles that will be kept on site. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Is this business the first phase of a larger business plan? \_\_\_\_\_  
Will staff or services be increased? \_\_\_\_\_ If so, when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_