



Village of Maple Park

302 Willow Street ♦ P.O. Box 220 ♦ Maple Park, Illinois 60151

Village Hall: 815-827-3309

Fax: 815-827-4040

Website: <http://www.villageofmaplepark.com>

BUSINESS REGISTRATION FORM

REGISTRATION DETAIL	<p>Please indicate the reason for your filing this application (check all that apply):</p> <input type="checkbox"/> Original application for new business <input type="checkbox"/> Moved previously registered business to new location <input type="checkbox"/> Amended application for an existing business Reason(s) for amending application: _____ <input type="checkbox"/> Application for an additional location of an existing registered business <input type="checkbox"/> I would like my business added to the website business list.	<p>MAIL TO: VILLAGE CLERK VILLAGE OF MAPLE PARK 302 WILLOW STREET P.O. BOX 220 MAPLE PARK, IL 60151 PHONE: (815) 827-3309 FAX: (815) 827-4040 www.villageofmaplepark.com</p>
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FEIN # _____ **or Soc Sec # of Owner:** _____
 Check if "Applied for"

Name _____
 (If your business entity is a Corporation, LLC, LP or Non-Profit Organization, give **entity** name. **IF NOT**, give Name of Owner or Partners)

Trade Name _____

Business Location: (do not use P.O. Box for Location Address) **Mailing Address: (if different from business address)**

Address _____ Name _____
 City, State, Zip Code _____ Address _____
 This business is operated out of a residence City, State, Zip: _____

Beginning date for this business: _____
 Month/Day/Year

Type of Ownership (check one)
 IL corporation Sole Proprietor Out-of-State corporation LLP Other: _____
 Limited partnership LLC S Corporation

Type of Business: _____

Will this business be seasonal? Yes No If yes, what months will business be open? _____

If an Entity, complete the following: Date of incorporation: _____ **State of Incorporation:** _____
 Month/Day/Year

Provide the following information for the owners, partners, or responsible corporate offices
 (If more space is needed, attach a separate piece of paper).

NAME (Last Name, First Name, Middle Initial)	SOC. SEC. NO.	HOME ADDRESS (Street, City, State, Zip)	PERCENT OF OWNERSHIP
	TITLE		

Will the owner need any building/special use permits to open this business? YES NO

FOR VILLAGE USE ONLY

DATE RECEIVED:	
RECEIVED BY:	
APPROVED FOR WEBSITE:	