

HOME OCCUPATION

Application for Home Occupation Certificate
Revised 1/28/2022



INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

1. HOME OCCUPATION INFORMATION

Business Name (DBA): _____

Address*: _____ Wheeling, IL 60090
**If location of home occupation is leased, please complete Property Owner Information in Section 4 of this Application.*

Phone #: _____ Email: _____

FIEN #: _____ IBT #: _____
(Federal Employer Identification Number) (Illinois Business Tax Number)

State of Illinois Business License: Yes No If Yes, State License #: _____
(Attach Copy)

Business Ownership Type: Corporation Partnership Individual
 Limited Liability Co. Nonprofit Association

Business Contact Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Email: _____

2. BUSINESS LICENSE TYPE

2A. Business Information:

Total Area of Home Occupation _____ sq. ft. *Shall not exceed 30% of the total square footage of the home (excludes garage)* Total Number of Employees: _____

2B. Business Narrative: Include a letter, on company letterhead is preferred, which provides a detailed description of the home occupation and its operations, including a list of materials stored, vehicles associated/used for the home occupation, etc.

2C. Home Occupation Type (check all that apply)

Fee: \$43.75

Group A

- Accountant Architect Attorney Computer programmer Graphic artist
 Consultant business that pertains to preparation of documents and drawings Livery services (limited to one vehicle)
 Operator of Wholesale or Retail Sales (off-premises or by phone, mail, internet)

Group B

- Artist Studio Jewelry making or repair Locksmithing Photographer
 Seamstress Upholsterer

Group C (all the following are limited to maximum of 4 person at a time)

- Human services professional Social worker Teacher Therapist

Group D

- Educational classes (limited to a max of 4 persons at a time)

Other (please describe): _____

PLEASE CONTINUE TO NEXT PAGE OF APPLICATION

HOME OCCUPATION APPLICATION

2022 PRINT FORM
COMMUNITY DEVELOPMENT



3. APPLICANT ACKNOWLEDGEMENT

Applicant Name: _____

I, as the Applicant, hereby acknowledge and understand the contents of this application; that the information provided herein is true and understand that any false information given shall be cause for revocation of any licenses issued herein. I further state that I have viewed all appropriate village ordinances relating to the operation of a business and that unless all ordinances are complied with, no license will be issued.

Applicant Signature

Date

PLEASE COMPLETE PROPERTY OWNER CONSENT (IF NECESSARY)

4. PROPERTY OWNER CONSENT

Property Owner Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Email: _____

The undersigned, being duly sworn on oath, does state that he/she is the owner of the property as set forth herein and that the Applicant, identified as _____, has been authorized to submit this application for the property located at: _____ and that the application and proposed business operations and all related action(s) at the subject property identified in this application are hereby authorized.

SUBSCRIBED and SWORN
to before me this _____ day

of _____, _____

Property Owner Signature

Date

Notary Public

Office Use Only

Reviewer: _____ Zoning District: _____ Approved: _____

Home Occupation Type: A B C D

Comments: _____