VILLAGE OF LAKE BLUFF
APPLICATION FOR A BUSINESS OCCUPANCY CERTIFICATE

CONTACT INFORMATION:

Name of Business: ________________________________________________________
Business Address: ________________________________________________________
________________________________________________________________________
Business Phone Number: ______________________ Contact Email: ________________
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 $ ______________

Village of Lake Bluff • 40 E. Center Avenue • Lake Bluff • Illinois • 60044
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