



Community Development

66 Thillen Drive · Fox Lake, Illinois 60020 · (847) 587-3176 · www.foxlake.org

Applying for a Business License

Thank you for choosing the Village of Fox Lake to assist you with the growth and development of your business. Attached, you will find the required forms to begin the business license process. This will help to ensure that your business plans and development process closely align with the Village's Municipal Ordinances as well as the future development goals of the Village. All businesses are required to obtain a business license.

Any individual, corporation or partnership who is applying as a new business or whose partnership or corporation personnel have changed, must complete a new Business License Application. The license year will begin on May 1 of each year and will terminate on April 30 of the following year.

To begin the process, please complete and return the attached forms to the Community Development Department. Your application will be reviewed for zoning and land use regulations. Upon approval, the Business License Application and supporting documentation will be reviewed.

Items required at time of submittal;

- Completed Business License Application.
- Copy of FEIN Certificate;
- Copy of Sales Tax Certificate;
- Copy of approved inspection report, issued by the Lake County Department of Public Health or the McHenry County Department of Public Health; where applicable.

Additional considerations may be required at time of application for the following uses;

- Adult Entertainment Establishments;
- Dealers for Secondhand Merchandise;
- Exposition Centers;
- where Fuel Storage Tanks exist;
- Home Occupations;
- Massage Parlors;
- Recreational Vehicle Parks;
- Taxicabs;
- Vehicle Food Vendors;
- Video Gaming Facilities;
- Waste Haulers;

All new business licenses require a fifty dollar (\$50.00) deposit and must be paid at the time of application submittal. In the event an application is made after May 1 for the first year, the fee for the first year's license shall be pro-rated on a quarterly basis. The annual license fee varies, based on the type of business. All businesses require an inspection prior to issuance of the business license.

Vending licenses are also required at the time of business license renewal/submittal. These licenses are issued for all amusement devices such as pool tables, video gaming and juke boxes. Gas Pumps and vending of cigarettes, either by machine or over the counter, also require a vending license.

Should you have any questions regarding your application for a business license, please feel free to contact the Community Development Department...we are here to help. We look forward to working with you!



Building and Community Development

66 Thillen Drive · Fox Lake, Illinois 60020 · (847) 587-3176 · www.foxlake.org

ZONING APPLICATION

LOCATION INFORMATION	
Business Name:	
Address:	
Unit Number(s):	
Total Square Footage of Unit:	
Website:	Email Address:

BUSINESS INFORMATION	
Type of Business:	
Detailed Description of Business Use or Service Provided:	
Number of Employees:	Maximum on one shift:
Seating Capacity (Indoor):	Seating Capacity (Outdoor):
No. of Parking Spaces:	No. Handicapped Parking Spaces:

BUSINESS OWNER INFORMATION	
Name:	
Address:	
Phone Number:	Fax Number:
Email Address:	

All of the information provided in the application is true and correct to the best of my knowledge.

Signature of Applicant

Date

FOR OFFICE USE				
Zoning:	<input type="checkbox"/> Permitted Use	<input type="checkbox"/> Not a Permitted Use	<input type="checkbox"/> Special Use Required	Use Group:

Signature of Building Official

Date



Village of Fox Lake
Building & Community Development
66 Thillen Dr. Fox Lake, IL 60020
(847)587-3176
www.foxlake.org

FOR OFFICE USE

LICENSE NUMBER: # _____
INSPECTION FEE: \$ _____
LICENSE FEE: \$ _____
VENDING FEE: \$ _____
TOTAL: \$ _____

APPLICATION FOR BUSINESS LICENSE

New Business Change of Owner Change of Address Annual Renewal

BUSINESS INFORMATION	
Business Name (DBA):	
Corporation Name:	
Business Address:	
Mailing Address:	
Business Phone:	Business Fax:
Sales Tax No:	FEIN No:

Business Type: Corporation Limited Partnership Partnership or Firm Sole Proprietorship

BUSINESS OWNER INFORMATION	
Owner Name:	
Address:	
Phone:	Fax:
Email Address:	
Owner Name:	
Phone:	Fax:
Email Address:	

PLEASE USE A SEPARATE SHEET FOR ADDITIONAL NAME OF ASSOCIATES OR PARTNERS

BUILDING OWNER INFORMATION	
Building Owner Name:	
Address:	
Phone:	Fax:

BILLING PARTY INFORMATION (WATER/SEWER/REFUSE/ETC.)	
Name:	
Mailing Address:	
Phone:	Email Address:

FOR OFFICE USE

LICENSE NUMBER: # _____

VENDING**Describe all vending located in your establishment:**

Coin Operated:

Entertainment (Pool Tables, Dart Boards, Juke Box, etc.)

Service (Vacuum, Air, etc.)

Food and/or Beverage

Delicatessen

Gas Pumps

Tobacco- Over the Counter

Tobacco- Vending Machine

**FOR OFFICE USE
VENDING FEE SUMMARY:**

Yes or No # _____ (\$30 each): _____

Yes or No # _____ (\$30 each): _____

Yes or No # _____ (\$30 each): _____

Yes or No # _____ (\$15 each): _____

Yes or No # _____ (\$10 each): _____

Yes or No # _____ (\$35 each): _____

Yes or No # _____ (\$35 each): _____

VENDING TOTAL: \$ _____**COMMUNICATION**

I would like to have my business information published in the Village's Local Business Directory on www.foxlake.org.

Website: _____

I THE UNDERSIGNED UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONED UPON THE COMPLIANCE WITH ALL VILLAGE ORDINANCES AND THE RESULT OF THE ABOVE PREMISES AT THIS TIME OR ANY SUBSEQUENT INSPECTION WHILE THIS LICENSE IS IN FORCE.

*Signature of Applicant**Date***INSPECTION APPROVAL**

Building Department:	NWRWRF:	
Initial: _____	Date: _____	Initial: _____ Date: _____
Fire Marshal:	Sewer/Water Department:	
Initial: _____	Date: _____	Initial: _____ Date: _____



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BUSINESS SECURITY FORM

BUSINESS INFORMATION						
Name of Business:						
Physical Location:						
Type of Business:						
Complete Description of Merchandise:						
Hours of Operation						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
ALARM COMPANY INFORMATION						
Alarm Company Name:						
Alarm Company Phone:				Location of Alarm:		
Type of Alarm: Burglar Audible <input type="checkbox"/> Silent <input type="checkbox"/> Fire <input type="checkbox"/> Medical <input type="checkbox"/> Auto Sprinkler <input type="checkbox"/>						
KEY HOLDER INFORMATION						
IN CASE OF EMERGENCY: Please list all Key Holders in the order they are to be called. All key Holders must have a key to the business. Information will be used in the event of a problem involving your business and will remain confidential.						
#1 Name:				Title:		
Address:						
Home Phone:		Cell Phone:			Alt Phone:	
#2 Name:				Title:		
Address:						
Home Phone:		Cell Phone:			Alt Phone:	
#3 Name:				Title:		
Address:						
Home Phone:		Cell Phone:			Alt Phone:	

Signature of Applicant

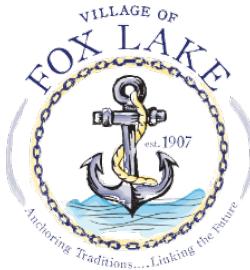
Date

PD USE ONLY

CAD ____ / ____ Alarm Board ____ / ____

FLFPD USE ONLY

New Revised
 Entered Faxed to Dispatch



Village of Fox Lake Municipal Tax Return

Business Name: _____

TAXPAYER FEIN#: _____ Reporting Period _____
Under penalty as provided by law, I declare that I have examined this return and accompanying schedules and to the best of my knowledge and belief it is true and correct and is taken from the books and records of the business for which this is filed. All returns must be filed on or before the last day of the calendar month succeeding the end of the filing period.

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Taxpayer's signature

Date

Preparer's signature

Date

Print Name and Title

Print Name and phone number

HOTEL / MOTEL ESTABLISHMENTS: HOTEL TAX (a) (b)

(1) TOTAL GROSS RENTAL & LEASING RECEIPTS

(2) AMOUNT OF TAX (line 1 multiplied by 5%)

(3) INTEREST ON LATE PAYMENT: Line 2 multiplied by 1.0% per month for each month the tax remains unpaid. Remittances required monthly by the 15th day of the quarter. Interest shall be paid on taxes paid after the 25th day of the month immediately following the month the return is to be filed.

(4) PENALTY FOR LATE PAYMENT: (line 2 multiplied by 5% up to \$500)

(5) TOTAL HOTEL / MOTEL TAX & CHARGES DUE: (line 2 + 3 + 4) Forward to line "A" below

RESTAURANT / TAVERN ESTABLISHMENTS: PLACES FOR EATING TAX (a) (b)

(6) TOTAL GROSS FOOD AND BEVERAGE RECEIPTS: Gross receipts from the sale of food, alcoholic beverages and non-alcoholic beverages.

(7) AMOUNT OF TAX: (line 6 multiplied by 0.5% thereafter)

(8) INTEREST ON LATE PAYMENT (line 7 multiplied by 1.0%) Taxes must be paid by the 20th day of the month following the reporting period, normally every month, unless you are filing IL Sales Tax Returns on a quarterly or annual basis. Interest shall be paid on taxes paid after the 25th day of the month immediately following the month the return is to be filed.

(9) PENALTY FOR LATE PAYMENT (line 7 multiplied by 0.5% up to \$500)

(10) TOTAL PLACES FOR EATING TAX AND CHARGES DUE (line 7 + 8 + 9) Forward to line "B" below

LINE A: TOTAL HOTEL / MOTEL TAX DUE

LINE B: TOTAL PLACES FOR EATING TAX DUE

LINE C: TOTAL TAXES AND CHARGES DUE

(a) Submit a copy of your Illinois ST-1, ST-2, and Hotel Operator's Tax form for the same period.
(b) Gross receipts exclusive of tax

**Please make checks payable to the "Village of Fox Lake" and mail your return and tax payment to:
Village of Fox Lake - 66 Thillen Drive - Fox Lake, IL 60020**

MUNICIPAL TAX RETURN GENERAL INSTRUCTIONS

If your business name, address, operation, or ownership has changed, please contact the Finance Director at 847-587-3968.

Every Owner, Manager or Operator of a hotel, motel, restaurant, tavern, and eating establishment in the Village of Fox Lake must file a Municipal Tax return by the due date each month or quarter as required. If no business is transacted during the month and there are no receipts, write the word "none" in the spaces where amounts are required.

Receipts, complete and accurate records, books and accounts in detail of all receipts shall be kept at the place of business or such other place in the Village as may be designated in writing by the person liable for collection of the tax. All such books, records and accounts shall be open to inspection by the Village of Fox Lake at all reasonable times during business hours.

SPECIFIC INSTRUCTIONS

HOTEL / MOTEL ESTABLISHMENTS - HOTEL TAX

Line 1 - **GROSS RECEIPTS FROM THE BUSINESS OF RENTING, LEASING OR LETTING ROOMS IN A HOTEL OR MOTEL**

The amount represents the grand total from all gross rental receipts from such renting, leasing or letting; excluding, however, gross receipts obtained from tenting, leasing or letting to permanent residents of a hotel.

Line 2 - **TAX AMOUNT** Enter the tax due by multiplying the receipts subject to tax on Line 1 by the tax rate listed of 5%.

Line 3 - **INTEREST FOR LATE PAYMENT** Enter the interest due for late payment or filing. The interest is calculated as follows:

1.00% of the amount on Line 2 for each month or fraction of a month from the due date until the tax is paid. month from the due date until the tax is paid. When a portion of the total tax amount due has been previously remitted, interest applies to the unpaid portion of Line 2. Interest is applied on balances paid after the 25th day of the month immediately following the month the return is filed.

Line 4 - **PENALTY FOR LATE PAYMENT** When a return or payment is filed late, the 5% up to a \$500 penalty is applicable to the entire amount on Line 2. When a portion of the total tax amount due has been previously remitted, enter 5% of the unpaid portion of Line 2. The penalty is applied to amounts paid after the 25th day of the month immediately following the quarter the return is to be filed.

Line 5 - **TOTAL HOTEL/MOTEL TAX AND CHARGES DUE** – The amount is the addition of lines 1 + 2 +3 + 4 and forward the amount to line A.

RESTAURANT AND TAVERN ESTABLISHMENTS – PLACES FOR EATING TAX

Line 6 - **TOTAL GROSS FOOD AND BEVERAGE RECEIPTS**

The consideration received, valued in money, whether received in money or otherwise, including cash, credits, property and services, at a place for eating that includes prepared food, alcoholic and nonalcoholic beverages furnished at the place for eating,. Gross receipts do not include amounts paid for federal, state and local taxes, including the tax levied by this section, and do not include amounts paid as gratuities for the employees of the place for eating.

Line 7 – **TAX AMOUNT** - Enter on this line the tax due by multiplying the receipts subject to tax on Line 6 by the tax rate listed of 1.50% on receipts prior to April 1, 2018, and 0.5% on receipts thereafter.

Line 8 – **INTEREST FOR LATE PAYMENT**

Enter the interest due for late payment or filing. The interest is calculated as follows: 1.00% of the amount on Line 7 for each month or fraction of a month from the due date until the tax is paid. When a portion of the total tax amount due has been previously remitted, interest applies to the unpaid portion of Line 1. Interest is applied on balances paid after the 25th day of the month immediately following the month the return is filed.

Line 9 - **PENALTY FOR LATE PAYMENT** When a return or payment is filed late, the 0.5% up to a \$500 penalty is applicable to the entire amount on Line 7. When a portion of the total tax amount due has been previously remitted, enter 0.5% of the unpaid portion of Line 7. The penalty is applied to amounts paid after the 25th day of the month immediately following the month the return is to be filed.

Line 10 - **TOTAL PLACES FOR EATING TAX AND CHARGES DUE** – The amount is the addition of lines 6 + 7 + 8 + 9 and forward the amount to line B.

IMPORTANT FILING INFORMATION: Please submit a copy of your Illinois ST-1, ST-2, and Hotel Operators Tax form(s) for the same period. To avoid penalties, you must fill out this return completely. *If any information is omitted, this return will be deemed incomplete. This return must be mailed in sufficient time to be postmarked by the U.S. Postal Service on or before the due date printed on the front of this form.*



Village of Fox Lake
66 Thillen Drive
Fox Lake, IL 60020
(847)587-2151

Acknowledgement of Receipt of Information - Tax on Places For Eating

I acknowledge receipt of the attached documents related to the Tax on Places for Eating and understand that it is my responsibility to return the attached registration form within 15 days of the approval of my Business License.

Attachments:

Village of Fox Lake Registration Form- Tax on Places for Eating (also available online)
Village of Fox Lake Summary of Tax on Places for Eating
Village of Fox Lake Ordinance 2015-15 – An Ordinance Amending the Municipal Code of the Village of Fox Lake, IL to Implement a Tax on Eating Establishments
Village of Fox Lake Ordinance 2018-09 – An Ordinance Amending Section 3-2A-7c by Reducing the Tax on Eating Establishments to .50%
Village of fox Lake Municipal Tax Return (Also available online)

Signature of Business Owner_____

Printed Name and Title_____

Business Name_____

Business Expected Start Date:_____

Current Date:_____



VILLAGE OF FOX LAKE
TAX ON PLACES FOR EATING
66 Thillen Drive
Fox Lake, IL 60020
(847) 587-2151

REGISTRATION – TAX ON PLACES FOR EATING

Business Name:	Business Location Address:	Business Phone Number:
Mailing Address (if different from business location)		City, State and Zip
Owner's Name		Owner's Home Phone Number
Owner's Home Address		City State and Zip
Owner's Email Address:		
Emergency Contact:	Emergency Contact Phone Number:	
IL Sales Tax #:	Date Business Commenced:	
Federal Tax ID #:	Check One: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
If a Corporation or Partnership, give legal name if other than business name:		
Corporation or Partnership Address		
Corporation or Partnership Email Address		

Please review the Summary and the Tax on Places for Eating Ordinance that are attached before answering the following questions:

1. Is your business responsible for payment of the Tax on Places for Eating? Yes _____ No _____

If **Question 1** is answered “**No**”, please complete Question 2, sign the registration and return to the address above.

If **Question 1** is answered “**Yes**”, skip Question 2, complete rest of registration, sign and return registration to the address above. The City will mail the required Places for Eating Tax Return to the Mailing Address above.

2. Please list reason(s) why you believe your business is not liable for collection and payment of the Tax on Places for Eating:

Current frequency of filing Illinois Sales Tax Return: Monthly _____ Quarterly _____ Annually _____

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Signature

Printed Name & Title

Date