

City of Evanston, Illinois
Business License Application

Business Information:

Describe the product or service provided: _____
Name of Business: _____
Address of Business: _____
Area to be occupied by Business (Sq. Ft.): _____
Illinois Sales Tax ID#: _____ FEIN#: _____ #of Floors: _____
#of Parking Spaces: _____ Proposed Opening Date: _____
Website: _____
Phone: _____ Fax: _____ E-mail: _____
Check type of Business Organization:
 Sole Proprietorship Firm Corporation Partnership Association
Check any of the following that apply:
 Home-Based Not-for-Profit Non-Profit

Property Owner Information:

Owner or Representative Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
E-mail: _____ Fax: _____

Business Owner Information:

Owner Name: _____
Owner Address: _____
Owner City: _____ State: _____ Zip: _____ Owner Phone: _____
E-mail: _____ Fax: _____

Applicant Information:

If same as one of above, which one? _____
Name: _____
Relationship to Business: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
E-mail: _____ Fax: _____

Responsible Billing Party Information:

If same as one of above, which one? _____
Name: _____
Relationship to Business: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
E-mail: _____ Fax: _____

Important Notes:

- 1) The following inspections are required, and must be scheduled by the applicant, to receive a business license:
 - a) Structural, Mechanical, Electrical and Plumbing – Call Building Division at 866-2932
 - b) Fire – Call Fire Department at 866-5928
- 2) If any changes or additions to signage will be made, a permit is required from the building division. Please call 866-2932.