



15440 South Central Avenue Oak Forest, Illinois 60452-2104
 708.687.4050 • Fax 708.687.8817 • www.oak-forest.org

APPLICATION FOR BUSINESS LICENSE

- Business Renewal
 New Owner
 New Business
 Registration
 State-licensed Business Registration – Please submit copy of State License with application

Today's Date _____ Target Opening Date _____

Business Name _____ D/B/A _____
 Address _____ Suite _____ City _____ State _____ Zip _____

Alternate Mailing Address (if different from above):

Address _____ Suite _____ City _____ State _____ Zip _____
 Business Phone # _____ Fax # _____
 Email _____ Website _____

Business Owner Name _____ Title _____
 Address _____ Suite _____ City _____ State _____ Zip _____
 Phone # _____ Mobile # _____
 Drivers License # _____ State _____ Date of Birth _____

Corporate Name (if applicable) _____
 Corporate Address _____ City _____ State _____ Zip _____
 Corporate Phone # _____ Fax # _____

Principal Business Activity _____
 Briefly describe your Business _____
 Secondary Business Activity _____

Federal Tax Identification Number _____
 Illinois Retail Occupation Tax Number (IBT) _____

Number of Employees _____ Number of Seats (if applicable) _____

Does the business serve or sell food products? YES NO
 If YES, please provide the following:

<u>Name of Sanitation License Holder</u>	<u>License Number</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____

Does the business sell cigarettes? YES NO If YES, please indicate which type: Over the counter Machine

Does the business serve or sell alcoholic beverages? YES NO
 If YES, please request a liquor license application.

Does the business have a current key in the KNOX box? YES NO
 If NO, please contact the Oak Forest Fire Department at 708-687-6050.

Does the business operate coin operated amusement/vending machines? YES NO

If YES, please provide the following: Type of Amusement/Vending Machine Quantity

Does the business own the amusement/vending machines? YES NO

If NO, please provide the following: Name of the vendor: _____
Vendor phone # _____

Total building square footage _____

Type of business entity:

Sole Proprietorship Partnership C-Corporation S-Corporation
 Non-Profit LL-Partnership LL-Corporation

Emergency Contacts (list contacts in order of priority)

Name _____ Title _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Mobile # _____

Name _____ Title _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Mobile # _____

Name _____ Title _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Mobile # _____

Are the Business Premises Leased?

YES NO
If YES, Property Owner/Management Information Property Owner Property Management
Name _____ Title _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Mobile # _____

Do you store hazardous materials on your business site? YES NO

If YES, type of materials: _____
If applicable, please submit completed MSDS sheet and return with application.

For New Applications

New Construction: Requires a Certificate of Occupancy being granted prior to the business license being issued.
Existing Building: Change of Use Inspection needs to be scheduled and Certificate of Occupancy needs to be granted prior to the business license being issued.

A NEW BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES

I understand the issuance of this license is conditional upon compliance with all City Codes and Ordinances, State and Federal Law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force. I hereby authorize the City of Oak Forest by its agents to make inquires into my character, credit and background, in order to approve or deny this license application. I have read this application and answered all questions fully. The information I have submitted in this application is complete and truthful to the best of my knowledge.

Print Name _____ Signature _____ Title _____

ALL FEES WILL BE PAID AFTER APPLICATION IS REVIEWED AND APPROVED

FOR CLERK'S OFFICE USE ONLY

SIC Code _____ NAICS Code _____

Fee Received \$ _____ Date: _____ Period Covered: Full Year Partial

Date License Issued: _____
Effective 1/2012