

BUSINESS LICENSE APPLICATION

City of Oak Forest

15440 Central Avenue, Oak Forest, IL 60452

Tel: (708) 687-4050 Fax: (708) 535-0014



All information must be provided. An application will be considered *incomplete* if any information is missing.

LICENSE TYPE *Check one of the following:*

New Business – Prospective Opening Date _____ Business Renewal Registration New Owner

State-Licensed Business Registration

BUSINESS INFORMATION

| | | |
|----------------|---------|-----------------|
| BUSINESS NAME: | | DBA: |
| ADDRESS: | UNIT #: | CITY/STATE/ZIP: |
| PHONE/FAX: | | EMAIL: |

BUSINESS OWNER INFORMATION

| | | |
|---------------------|---------|-----------------|
| NAME: | | TITLE: |
| ADDRESS: | UNIT #: | CITY/STATE/ZIP: |
| PHONE (PRIMARY): | | PHONE (MOBILE): |
| PHONE/FAX: | | EMAIL: |
| DRIVER'S LICENSE #: | STATE: | DATE OF BIRTH: |

CORPORATION INFORMATION *If applicable.*

| | | |
|-----------------|----------|-----------------|
| CORPORATE NAME: | | |
| ADDRESS: | SUITE #: | CITY/STATE/ZIP: |
| PHONE/FAX: | | WEBSITE: |

ADDITIONAL INFORMATION

| | |
|---|-------------------------|
| FEDERAL TAX ID #: | ILL. RETAIL OCC. TAX #: |
| Type of Business Entity (Check One): | |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LL-Partnership <input type="checkbox"/> Other: _____ | |

EMERGENCY CONTACTS *List contacts in order of priority.*

| | | |
|----------|---------|-----------------|
| NAME: | | PHONE (MOBILE): |
| ADDRESS: | UNIT #: | CITY/STATE/ZIP: |
| NAME: | | PHONE (MOBILE): |
| ADDRESS: | UNIT #: | CITY/STATE/ZIP: |

PROPERTY INFORMATION

| | |
|---|---|
| Does the building/tenant space have a security alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the building/tenant space have a fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the building/tenant space have a fire sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the business have a current key in the KNOX box? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, contact the Oak Forest Fire Dept. at (708) 687-6050. |
| Are the premises leased? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete remaining: | Check one: <input type="checkbox"/> Property Owner <input type="checkbox"/> Management |

| | | |
|---------------------------------|---------|-----------------|
| PROPERTY OWNER/MANAGEMENT NAME: | | |
| ADDRESS: | UNIT #: | CITY/STATE/ZIP: |
| PHONE/FAX: | | EMAIL: |

| | |
|--|--|
| DESCRIPTION OF BUSINESS OPERATIONS Describe any and all principle and secondary business operations to be conducted. | |
| PRIMARY OPERATION/ACTIVITY: | SECONDARY OPERATION/ACTIVITY: |
| NAME OF PREVIOUS BUSINESS: | |
| PRIMARY OPERATION/ACTIVITY OF PREVIOUS BUSINESS: | |
| BUILDING OR TENANT SPACE SQUARE FOOTAGE: | |
| GENERAL OPERATIONS QUESTIONNAIRE Answer all of the following questions and additional questions as they apply. | |
| 1. Number of employees: | 2. Hours of operation: |
| 3. Does the business serve or sell food products? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete questions 4 – 5. | |
| 4. Provide the following: | |
| <u>Name of Sanitation License Holder</u> | <u>License Number</u> <u>Expiration Date</u> |
| 5. Will the food products be served to seated customers? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete question 6. | |
| 6. Number of seats, as shown on <u>conceptual floor plan</u> *: _____ *This <u>must</u> be submitted at the time of application submittal. | |
| 7. Does the business serve or sell alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, request a Liquor License application. | |
| 8. Does the business operate gaming terminals? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, request a Liquor License application. | |
| 9. Does the business operate coin operated amusement/vending machines*? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the following: | |
| <u>Type of Amusement/Vending Machine</u> | <u>Quantity</u> |
| 10. Does the business store hazardous materials on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state the type of materials: | |

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 inquiries 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.

SIGNATURE: _____

TITLE: _____

PRINT NAME: _____

DATE: _____

ALL FEES WILL BE PAID AFTER APPLICATION IS REVIEWED AND APPROVED.

| | | |
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| FOR OFFICE USE ONLY | | |
| Zoning District: | NAICS Code: | |
| Zoning Determination (check all that apply): | <input type="checkbox"/> Use is <u>permitted</u> | <input type="checkbox"/> Existing non-conforming use |
| | <input type="checkbox"/> Special Use Permit required | <input type="checkbox"/> Use is NOT permitted |
| DEPARTMENT APPROVALS: | | |
| Community Development _____ | Fire Department _____ | Police Department _____ |
| Building Department _____ | Public Works Department _____ | Mayor's Office _____ |
| Fee Received: | Date: | Period Covered: <input type="checkbox"/> Full Year <input type="checkbox"/> Partial Year |
| DATE LICENSE ISSUED: | | |

Effective: August 2017