



CITY OF OAK FOREST

15440 S. Central Avenue
Oak Forest IL 60452
Tel: 708-687-4050 Fax: 708-535-0014

- Business Renewal New Owner Registration
- State-Licensed Business Registration
- New Business – Prospective Opening Date: _____

APPLICATION FOR BUSINESS LICENSE

Business Name: _____ DBA: _____

Address: _____ Unit#: _____ City: _____ State: _____ Zip: _____

Alternate Mailing Address (if different from above):

Address: _____ Unit#: _____ City: _____ State: _____ Zip: _____

Business Phone #: () _____ Fax #: () _____

Email Address: _____ Website: _____

Business Owner Name: _____ Title: _____

Address: _____ Unit#: _____ City: _____ State: _____ Zip: _____

Phone #: () _____ Mobile #: () _____

Driver's License #: _____ State: _____ Date of Birth: _____

Corporate Name (if applicable): _____

Corp. Address: _____ Suite#: _____ City: _____ State: _____ Zip: _____

Corp. Phone #: () _____ Fax #: () _____

Principle Business Activity: _____

Describe Your Business: _____

Secondary Business Activity: _____

Fed. Tax ID #: _____ III. Retail Occ. Tax # (IBT): _____

of Employees: _____ # of Seats (if applicable): _____

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

Name of Sanitation License Holder	License Number	Expiration Date

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 Dept. 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:

Vendor Name: _____ Vendor Phone #: () _____

**Video Gaming Terminals require a separate application.*

Total Building Square Footage: _____

APPLICATION FOR BUSINESS LICENSE (CONT'D)

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: _____ **Unit#:** _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: () **Mobile #:** ()

Name: _____ **Title:** _____

Address: _____ **Unit#:** _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: () **Mobile #:** ()

Are the Business Premises Leased? Yes No If YES, please provide the following:

Property Owner/Management Information: Property Owner Property Management

Name: _____ **Title:** _____

Address: _____ **Unit#:** _____ **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	
<u>New Construction or Build-out:</u>	Requires a Certificate of Occupancy being granted prior to the Business License being issued.
<u>Existing Building:</u>	Change of Use or Occupancy 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 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.

FOR CLERK'S OFFICE USE ONLY		
SIC Code: _____	NAICS Code: _____	Date License Issued: _____
Fee Received: \$ _____	Date: _____	Period Covered: <input type="checkbox"/> Full Year <input type="checkbox"/> Partial
Departmental Approvals:	Building Department _____	Community Development _____
Fire Department _____	Police Department _____	Public Works Department _____
Mayor's Office _____	Occupancy Issued _____	