



15440 South Central Avenue Oak Forest, Illinois 60452-2195  
708.687.4050 • Fax 708.687.8817 • www.oak-forest.org

### APPLICATION FOR BUSINESS LICENSE

- Business Renewal    New Owner    New Business – Prospective Opening    Registration
- State-licensed Business Registration

Date \_\_\_\_\_

**Business Name** \_\_\_\_\_ D/B/A \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Alternate Mailing Address (if different from above):*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**Business Owner Name** \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ 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:

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 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: \_\_\_\_\_