

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):

Sole Proprietorship Partnership C-Corporation S-Corporation Non-Profit LL-Partnership 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? Yes No

Does the building/tenant space have a fire alarm? Yes No

Does the building/tenant space have a fire sprinkler system? Yes No

Does the business have a current key in the KNOX box? Yes No
If NO, contact the Oak Forest Fire Dept. at (708) 687-6050.

Are the premises leased? Yes No If YES, complete remaining:

Check one: Property Owner 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.

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