



## **BUSINESS LICENSING**

### *Sec. 3-1-1 Municipal Code*

Applications for all licenses and permits required by ordinance shall be made, in writing, to the village clerk in the absence of any provision to the contrary. Each application shall state the name of the applicant, the permit or license desired, the location to be used, if any, the time covered and the fee to be paid. Applications shall contain such additional information as may be needed for the proper disposition of the application.

### *Sec. 3-1-2 Municipal Code*

Upon the receipt of an application for a license or permit, where an ordinance of the village necessitates an inspection, or investigation before the issuance of such license or permit, the village clerk shall refer such application to the proper investigating officer, the health officer, or the code enforcement officer.

### **Instructions and Process**

1. **Complete Business License Application/Update** form as well as Emergency Contact Information/Update form for standard business license  
or  
**Complete Home Business License Application** for home business license

**Please be sure to complete all sections, including emergency contact information form.**

2. **Schedule an Inspection with Department of Public Health and Safety**  
The village needs to verify that the use and operation of your business is in conformance with all zoning and building and safety codes. **You must call 708-615-6285 to schedule the necessary inspection** required for the issuance of the license applied for.

Once proper zoning is verified and the inspection is approved, you will be contacted by the village clerk's office and a license will be issued upon payment of the proper fee. If you have any questions, please contact the village clerk at 708-615-6202.

Village of Forest Park  
517 Desplaines Ave  
Forest Park, IL 60130  
Phone: (708) 366-2323  
Fax: (708) 771-0177  
[www.forestpark.net](http://www.forestpark.net)



**PLEASE COMPLETE BOTH SIDES OF APPLICATION**

Date: \_\_\_\_\_

**BUSINESS LICENSE APPLICATION/UPDATE**

Trade Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Business Owner's Full Name: \_\_\_\_\_ Cell - Other \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How Long Have You Owned This Business: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Please describe the nature of operations in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will any flammable/hazardous materials be used or stored? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Number of Full Time Employees: \_\_\_\_ Number of Part Time Employees: \_\_\_\_ Number of Rooms: \_\_\_\_

Square Footage: \_\_\_\_\_ Seating Capacity (If Restaurant): \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Number and Type of Business Vehicles: \_\_\_\_\_

Separate Licenses must be obtained for any and all noted below:

LIST TOTAL NUMBER OF:

Tobacco (Over the Counter) \_\_\_\_\_ Tobacco Vending \_\_\_\_\_ Vending Machines \_\_\_\_\_

Pool Tables \_\_\_\_\_ Jukeboxes \_\_\_\_\_ Amusement Devices \_\_\_\_\_

Date: \_\_\_\_\_

Please Check One:     \_\_\_Proprietorship   \_\_\_Partnership   \_\_\_Corporation   \_\_\_Non-Profit Entity

Business Tax ID# \_\_\_\_\_ IBT# \_\_\_\_\_

If Corporation:

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Name & Address of Registered Agent: \_\_\_\_\_

Please provide information on Partners or Officers. Additional pages may be attached if necessary.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

***BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK ON PREMISES.  
ALL VILLAGE INSPECTIONS SHOULD BE COMPLETED BEFORE RESUMING BUSINESS***

I understand the issuance and continuation of this license is conditional upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application/update under the penalty of perjury and that all information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All blanks must be completed prior to submittal.

<i>Office Use Only</i>	
<i>Approved by: (Initial &amp; Date)</i>	
<i>Building Department:</i> _____	<i>Police Department:</i> _____
<i>Fire Department:</i> _____	<i>Village Clerk:</i> _____
<i>Comments:</i> _____	
_____	



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708/366-2323  
Fax 708/771-0177

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All information is confidential and for internal use only

DATE \_\_\_\_\_

Please Complete Both Sides

EMERGENCY CONTACT INFORMATION/UPDATE

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_ Business

Business Address \_\_\_\_\_

Business Owner \_\_\_\_\_ Phone # \_\_\_\_\_ Cell / Other

Owner's Address \_\_\_\_\_

**Owner's E-mail Address** \_\_\_\_\_

Keyholder Information (list in order of Callout)

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Home

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Cell / Other

City, State, Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Home

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Cell / Other

City, State, Zip \_\_\_\_\_

Other Emergency Contacts (Different from above, with or without keys)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Home

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Cell / Other

City, State, Zip \_\_\_\_\_

Are You The Building Owner?:     Yes     No

**If Not --- Building Owner Information**

Building Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Business

Owner's Address \_\_\_\_\_ Phone # \_\_\_\_\_ Cell / Other

City, State, Zip \_\_\_\_\_

Completed By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Maintenance/Emergency Contact Person \_\_\_\_\_

Maint/Emergency Phone # \_\_\_\_\_ Hours \_\_\_\_\_

Maint/Emergency Phone # \_\_\_\_\_ Hours \_\_\_\_\_

Alarm Systems (Check all that apply)

Fire Protection

Security Protection

Smoke Detectors \_\_\_ Heat Detectors \_\_\_

Burglary \_\_\_ Hold Up \_\_\_

Sprinkler System \_\_\_ Complete System \_\_\_

Fire \_\_\_ Complete System \_\_\_

Alarm Company \_\_\_\_\_

Alarm Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Knoxbox: Yes \_\_\_\_\_ No \_\_\_\_\_

Insured By:

Company: \_\_\_\_\_ Agent's Name \_\_\_\_\_

Agents Address \_\_\_\_\_ Agent's Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**YOU ARE REQUIRED TO PROVIDE YOUR  
ILLINOIS BUSINESS TAX IDENTIFICATION NUMBER**

**IBT#** \_\_\_\_\_ - \_\_\_\_\_