



Village of Forest Park
517 Desplaines Ave
Forest Park, IL 60130
708/366-2323
Fax:708/771-0177
www.forestpark.net

<i>Office Use Only</i>	
Business License No:	_____
Date Paid	_____ Fee _____
Zoning	_____ Lot Size _____
Denied Date:	_____ Initial: _____
Approved Date:	_____ Initial: _____

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 _____



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All information is confidential and for internal use only

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Please Complete Both Sides

Date: _____

EMERGENCY CONTACT INFORMATION

Business Name _____ Phone # _____ Bus

Business Address _____

Business Owner _____ Phone # _____ Type

Owner's Address _____

Keyholder Information (list in order of Callout)

1. Name _____ Phone # _____ Type

Address _____ Phone # _____ Type

City, State, Zip _____

2. Name _____ Phone # _____ Type

Address _____ Phone # _____ Type

City, State, Zip _____

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

Name _____ Phone # _____ Type

Address _____ Phone # _____ Type

City, State, Zip _____

Are You The Building Owner?: Yes No

If Not --- Building Owner Information

Building Owner's Name _____ Phone # _____ Type

Owner's Address _____ Phone # _____ Type

City, State, Zip _____

Completed By: _____

Phone Number: _____

Date: _____

Maintenance of other 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: _____
