



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

Office Use Only
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: _____

Social Security # _____ Date of Birth _____ Driver's Lic # _____

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: _____ Date of Birth: _____

Title: _____ Social Security #: _____

Home Address: _____

Home Phone: _____ Other Phone: _____

Name: _____ Date of Birth: _____

Title: _____ Social Security #: _____

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 & 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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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: _____
