



## **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  
708/366-2323  
Fax:708/488-0361  
[www.forestpark.net](http://www.forestpark.net)

*Office Use Only*  
Business License No: \_\_\_\_\_  
Year Ending \_\_\_\_\_  
Date Paid \_\_\_\_\_ Fee \$25.00  
Zoning \_\_\_\_\_ Lot Size \_\_\_\_\_

**Please Complete Both Sides of Application**

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

**HOME BUSINESS LICENSE APPLICATION/UPDATE**

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

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

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

Is this Business located in a condominium unit? \_\_\_\_\_ If yes, please provide letter from an authorized representative of Condominium Association that the declarations and by-laws of the Association permits this use.

Business Owner's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

*ALL VILLAGE INSPECTIONS, IF APPLICABLE,  
MUST BE COMPLETED BEFORE RESUMING BUSINESS*

I understand the 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 information form 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>Approved:</i> _____
<i>Police Department:</i> _____	<i>Rejected:</i> _____
<i>Fire Department:</i> _____	<i>Other::</i> _____
<i>Comments:</i> _____ _____	