

Village of La Grange Park
 447 N Catherine Ave
 La Grange Park, IL 60526
 (708) 354-0225



NEW BUSINESS APPLICATION

<input type="checkbox"/>	Occupancy Fee	100.00
<input type="checkbox"/>	Business License (other than restaurant or scavenger service)	\$ 75.00
<input type="checkbox"/>	Business License – Restaurant	125.00
<input type="checkbox"/>	Business License – Scavenger Service	1,250.00
<input type="checkbox"/>	Ice Cream Truck – License plate # _____ Health Inspection _____	50.00
<input type="checkbox"/>	Miscellaneous (Juke Box, etc.) _____	
TOTAL AMOUNT ENCLOSED:		\$ _____

BUSINESS INFORMATION

Business Name/DBA	Phone Number
	Website
Address	Description of Services
Mailing Address for municipal correspondence (if different than above)	Hours of operation
Do you sell tobacco products or do you have a vending machine on the premises which dispenses tobacco products? <input type="checkbox"/> Yes (Separate Tobacco License Application <u>must</u> be completed) <input type="checkbox"/> No	
# of Employees: Full Time _____ Part Time _____ Illinois Dept. of Revenue Account I.D. _____ (Sales Tax I.D.)	
Total square footage of the space	
Do you anticipate site or building alterations prior to opening the proposed business	

Type of occupancy (check all that apply)

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Food Service | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Assembly | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Mercantile | <input type="checkbox"/> Storage | <input type="checkbox"/> Residential |

ALL BUSINESSES SERVING OR PREPARING FOOD OR WITH FOOD PREPARATION FACILITIES MUST OBTAIN APPROVAL FROM THE COOK COUNTY HEALTH DEPARTMENT PRIOR TO RECEIVING OCCUPANCY

BUSINESS OWNER

Business Owner Name	Home Address of Owner
Owner's phone number	Email
Ownership (please select one) <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Not-For-Profit Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	

PROPERTY OWNER

Property information: (please select one) <input type="checkbox"/> Lease <input type="checkbox"/> Own	Name of Property Owner (if leased)
Property Owner's address	Property Owner's phone number

KEYHOLDER INFORMATION

ALL CONTACT NAMES AND NUMBERS MUST BE DIFFERENT (DO NOT INCLUDE BUSINESS NUMBER)

Primary Contact Name and Phone Number
Secondary Contact Name and Phone Number
Tertiary Contact Name and Phone Number

AGREEMENT

1. That the undersigned is empowered to prepare and sign this application on behalf of the applicant.
2. That the undersigned is not disqualified to receive a business license by any reason contained in the laws of this State, or the Ordinances of the Village.
3. That the undersigned will not intentionally violate any of the laws of the State of Illinois, or of the United States, including but not limited to the Americans with Disabilities Act, or any Ordinances of the Village of La Grange Park, in the conduct of the Applicant's place of business.
4. That the undersigned has reviewed this Application, and all attachments and submittals, and that the information contained herein is true and accurate.
5. That the undersigned agrees that the business phone number listed on this application may be included in the Village's Code Red contact database unless the Village is otherwise notified in writing.

SIGNATURES

Business Owner Signature/Printed Name/Date	/	/
Property Owner Signature/Printed Name/Date	/	/

FOR VILLAGE USE ONLY

Department Approvals

Finance Director: _____

Director of Fire and Building: _____

Police Chief: _____

Assistant Village Manager: _____

Village Manager: _____