

Return to:
 Village of La Grange Park
 447 N Catherine Ave
 La Grange Park, IL 60526
 finance@lagraangepark.org
 (708) 354-0225



NEW BUSINESS APPLICATION

| 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) | |

Sole Owner Partnership Not-For-Profit Corporation LLC 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 emergency contact database unless the Village is otherwise notified in writing.

SIGNATURES

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