

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



## NEW BUSINESS APPLICATION

<b>BUSINESS</b>	
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. _____ <span style="display: block; text-align: center;">(Sales Tax I.D.)</span>	
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)

- |                                     |                                   |                                      |
|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Education  | <input type="checkbox"/> Food     | <input type="checkbox"/> Industrial  |
| <input type="checkbox"/> Day        | <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**

<b>BUSINESS OWNER</b>	
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

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

**ALL CONTACT NAMES AND NUMBERS MUST BE DIFFERENT (DO NOT INCLUDE**

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. That the undersigned has reviewed this Application, and all attachments and submittals, and that the information contained herein is true and accurate.
4. Applicant's place of business. 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	/	/