



Village of Ford Heights

1343 Ellis Avenue Ford Heights, IL 60411 GENERAL BUSINESS LICENSE APPLICATION

PLEASE FILL IN ALL BLANKS; IF NOT APPLICABLE, PLEASE STATE.

1. TYPE OF LICENSE (Nature of business): _____ FEE: _____ DATE: _____

2. BUSINESS INFORMATION:

Name: _____ Address: _____

Illinois Retail Occupation Tax Number (Sales Tax): _____ Phone: (____) _____

Square Footage of: Operating Area _____ Storage Area _____ Total _____ Number of Employees: _____

Anticipated Opening Date (for new business): _____

3. BUSINESS OWNERSHIP: (Please check one)

- _____ Individual Owner: Supply full name, residence address, phone number, social security number, and birth date
- _____ Partnership: Supply full name, residence address, phone number, social security number, and birth date of each partner or principal member
- _____ Corporation: Supply full name, residence address, phone number, social security number, and birth date of each principal officer or registered agent

a. Name: _____ S.S.#: _____ Phone: (____) _____

Address: _____ Birthdate: _____

c. Name: _____ S.S.#: _____ Phone: (____) _____

Address: _____ Birthdate: _____

Person responsible for daily management of business: Name: _____ Phone: (____) _____
Address: _____

Person to be contacted in case of emergency: Name: _____ Phone: (____) _____
Address: _____

4. PROPERTY OWNERSHIP:

Owner's Name: _____ Phone: (____) _____

Address: _____ P.I.N.#: _____

If leased, list name and address of leasing agent _____

_____ When does current lease expire (attach copy of lease)? _____

5. ADDITIONAL INFORMATION:

a. Are any Federal, State, County, or Township _____ required for the conduct of the proposed business operation?
If yes, list the jurisdiction, name, and license number of each such license. _____

b. If vehicles are to be used in the conduct of the business, list, on a separate sheet of paper the make, model, serial number and year of each vehicle and intended use.

c. Is this license application for a renewal? _____ Current license #: _____ Date of expiration: _____

6. Vending Machines: If vending machines are or will be located on the business premises, state the number of each type listed below:

Coin-Operated Amusement Device(s) _____ Food Vending Device(s) _____ Beverage Machine(s) _____ Cigarette _____

Coin-Bill Change Machine(s) _____ Coin-Operated Laundry Machine(s) _____ Ice _____ Other _____

NOTE: The business owner is responsible for the licensing of all vending machines. The vending machine license is a separate license and must be obtained from the Village.

Filling Stations-Gasoline Pumps: On a separate sheet of paper, list the total number of storage tanks on site, capacity of each such tank, and the total number of gasoline pumps.

7. Video Gaming Machines: All Video Gaming Machines must be registered with the Village

Number of Machines _____

8. AFFIDAVIT:

a. Has any owner, partner, corporate officer or director of the business for which this application is being made ever been convicted of the commission of a felony under the laws of the State of Illinois or any other State or Federal law of the United States? Yes _____ No _____

b. I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS IN, OR FALSIFICATIONS OF, THE ABOVE STATEMENTS, ANSWERS AND ATTACHMENTS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS AND FALSIFICATIONS, MY APPLICATION WILL BE REJECTED, OR ALREADY ISSUED, MY LICENSE WILL BE SUBJECT TO REVOCATION.

Signature of Principal Owner(s) of Partners or Corporate President: _____

Name and Title: _____

Name and Title: _____

Name and Title: _____

Copy Distribution:

- (1) Main Office
- (2) Code Enforcement/ Fire Department
- (3) Police Department
- (4) Applicant

IT IS THE RESPONSIBILITY OF THE LICENSEE TO NOTIFY THE VILLAGE IMMEDIATELY IF ANY CHANGES IN THIS DATA OCCUR.