



# 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: \_\_\_\_\_

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 \_\_\_\_\_

b. 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 (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

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 licenses 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 its 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. 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 BE REJECTED, OR IF ALREADY ISSUED, MY LICENSE WILL BE SUBJECT TO REVOCATION. ATTACHMENTS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS AND FALSIFICATIONS, MY APPLICATION WILL

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Copy Distribution:

(1) Main Office

(2) Code Enforcement

Name and Title: \_\_\_\_\_

/ Fire Department