



BUSINESS LICENSE APPLICATION

THE VILLAGE OF OAK LAWN
9446 Raymond Avenue
Oak Lawn, IL 60453
708-499-7837 Fax 708-499-7823

PLEASE TYPE OR PRINT IN BLACK INK

May 1, 2010 – April 30, 2011

PLEASE NOTE: ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION SOUGHT BELOW MAY RESULT IN REVOCATION OF THE LICENSE AS GRANTED AND FINES MAY BE APPLICABLE. FOR INFORMATION OR QUESTIONS, PLEASE CALL (708) 499-7837.

Date of Application: _____ Opening Date: _____ Illinois Sales Tax No. _____

Name of Business _____

Business Address _____

City/State/Zip Code _____

Business Phone _____ Fax Phone No. _____

Driver's License # _____ Cell Phone _____

Email _____ Website _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE

Name _____

Address _____ City/State/Zip Code _____

Phone _____

TYPE OF OWNERSHIP: ___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION

REQUIRED INFORMATION – LICENSE WILL NOT BE ISSUED UNLESS COMPLETED!

Owner's Name _____ Phone No. _____

Home Address _____ City/State/Zip Code _____

Driver's License No. _____ Date of Birth _____

ARE PREMISES LEASED? ___ YES ___ NO

IF YES, NAME OF OWNER _____ PHONE NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT COMPANY MAIN OFFICE

Name _____

Address _____ City/State/Zip Code _____

Phone _____

BUSINESS STATUS

_____ CHANGE OF OWNERSHIP _____ NEW BUILDING _____ REMODELING

_____ NEW USE _____ RENEWAL _____ OTHER

BEFORE PROCEEDING WITH CONSTRUCTION, ALTERATION, OR REPAIRS INCLUDING STRUCTURAL, ELECTRICAL OR PLUMBING, PERMITS SHALL FIRST BE OBTAINED BY THE OWNER OR AGENT FROM THE BUILDING DEPARTMENT PER OUR VILLAGE ORDINANCE. ANY QUESTIONS, PLEASE CALL (708) 499-7800.

DETAIL SPECIFIC USE OF BUSINESS (List the activity of your business including products and services)

MISCELLANEOUS INFORMATION

PLEASE COMPLETE ALL APPLICABLE SECTIONS

Square Footage used by business _____ Number of Vending Machines _____

Restaurant Seating Capacity _____ Sale of Ice or Milk _____ Juke Boxes _____

Number of Automatic Amusement Devices _____ (Please attach sheet with serial numbers)

Number of Full Time Employees _____ Number of Part Time Employees _____

List any trucks or commercial vehicles used with your business _____

Has the Business ever had a previous license or application for license denied, revoked, or suspended by any local government, State government, or subdivision thereof? If answer is "yes", please explain:

IT SHALL BE UNLAWFUL TO SELL, SERVE, OR STORE FOOD IN THE VILLAGE WITHOUT COMPLYING WITH THE RULES AND REGULATIONS OF OUR VILLAGE ORDINANCE.

*If application is received on or after November 1, the annual fee is reduced to one-half the listed fee.

I/We understand the issuance of this license is conditional upon compliance with all Village Ordinances, State and Federal Law, and the results of any inspections required by ordinance at this time and any further inspections while in force. I/We hereby authorize the Village of Oak Lawn by its agents to make inquiries into my/our character, credit, and background, in order to approve or deny this license application. I/We have read this application and answered all questions fully and the information I/We have submitted in this application is complete and truthful to the best of my knowledge. Owner and/or Manager must sign application to verify all information. Any falsification of the information sought above may result in revocation of certificate as granted.

The undersigned, being the Applicant hereunder and being the Owner or the Manager of the aforementioned business, hereby gives permission to the Village of Oak Lawn, its Officers, Agents, and Employees to enter upon the licensed premises at any time for the purpose of making inspection of the licensed premises.

SEPARATE LICENSES ARE REQUIRED FOR SALE OF TOBACCO AND THE SALE OF LIQUOR. IF APPLICABLE, PLEASE REQUEST NECESSARY APPLICATIONS.

IT IS AGREED THAT AUTHORIZED INSPECTIONS WILL BE ALLOWED AS PRESCRIBED BY ORDINANCE.

OWNER AND/OR MANAGER
(Signature Mandatory)

DATE

INTERNAL USE ONLY

Zoning _____

Home Occupation (if applicable) _____ YES _____ NO

Liquor License (if applicable) _____ YES _____ NO

Tobacco License (if applicable) _____ YES _____ NO

APPROVED: _____

Business Regulations Department

Code Compliance On Site Inspection Required? _____ YES _____ NO

APPROVED: _____

Department of Community Growth & Economic Development

Fire Prevention On Site Inspection Required? _____ YES _____ NO

APPROVED: _____

Fire Department

Code Compliance On Site Inspection Required? _____ YES _____ NO

APPROVED: _____

Health & Sanitation Inspector

NOT APPROVED: _____

REASON OR CODE VIOLATION THAT DETERMINED DENIAL OF
APPLICATON: _____