



VILLAGE OF SOUTH CHICAGO HEIGHTS

GENERAL BUSINESS LICENSE APPLICATION

(Excluding Liquor License, Scavenger License and Vending Machine License)

OFFICE USE ONLY

1ST REVIEW:

Copies (Initial)

_____ ID

_____ Illinois Business Certificate

_____ FEIN

_____ Corporation

Notes:

Board Meeting: _____ () Approved () Denied

Clerk: () Approved () Denied

Date: _____ Amount: _____ Check: _____ Receipt #: _____

Village of South Chicago Heights
3317 Chicago Road
P.O. Box 770
S. Chicago Heights, IL 60412

Type of Business Ownership:

_____ Corporation _____ LLC _____ LLP _____ LP _____ Sole Proprietorship

A State of Illinois File Number is REQUIRED for corporations LLCs. **State of Illinois File #** _____

Incorporation Date _____ **State of Incorporation** _____

Partnership Business Category: _____ For-Profit _____ Non-Profit

Business Description of Product or service Provided: _____

Legal Name of Business _____

“Doing Business As” (DBA) Name: _____

Business Address: _____

Business Phone(s): _____ Fax: _____

Business E-mail: _____ Website: _____

Proposed Opening Date: _____ Square Footage for Business Use: _____

BUSINESS HOURS

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

An Illinois Business Tax number is REQUIRED for all businesses that make RETAIL SALE in the State of Illinois.

ILLINOIS BUSINESS TAX _____

A Federal Employer Identification number and formation information is REQUIRED for all businesses other than Sole Proprietorship.

Federal Employer IDENTIFICATION # (FEIN) _____

Employee Type	# of Employees	How many are SCH residents?
Full-Time		
Part-Time		

BUSINESS OWNER INFORMATION

Business Owner Name: _____

Owner's Residential Address: _____

Phone#: _____ Email: _____

LANDLORD/LESSOR INFORMATION

Landlord or Representative Name: _____

Address: _____

Phone#: _____ Email: _____

Website: _____

EMERGENCY CONTACT

Name: _____

Address: _____ Phone: _____

Email: _____ Emergency Contact Name: _____

Daytime Phone: _____ Evening Phone: _____

OTHER INFORMATION

- A. Has the building been inspected by the Building Department and Fire Department () YES () NO
- B. Who is assuming the water bill? _____ Owner _____ Landlord/Lessor
- C. If vehicles are used in the business operation, list on a separate sheet of paper the make, model, serial number, and year of each vehicle. Food Businesses: Include vehicle information for vehicles used to deliver to customers or clients.
- D. Pawnbroker: On a separate sheet of paper, list the name, home address and date of birth of all employees.
- E. Secondhand Dealers: On a separate sheet of paper, list the name, home address and date of birth of all employees.

OTHER INFORMATION (continue)

- F. Shooting Gallery: On a separate, list on a separate sheet of paper the make, model, serial number of all firearms to be used.
- G. Taxi Cabs: On a separate sheet of paper, list on a separate sheet of paper the make, model, serial number, and year of each vehicle.
- H. Vending Machines: If vending machines are located on the business premises, please list the number of each type:
Coin Operated Amusement Device(s): _____
Food Vending Device(s): _____
Product Vending Device(s): _____

IMPORTANT: The business owner is responsible for licensing of vending machines. The Vending Machine License is a SEPARATE license and is not included in the General Business License.

AFFIDAVIT

Has any owner, partner, corporate officer or director even 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 (___)

If yes, state the case number, court nature of the charge and sentence awarded:

I hereby certify that there are willful misrepresentation in, or falsification of the above statement, answer and attachments, I am aware that, should investigation disclose such misrepresentation and falsification, my application will be rejected work, if already issued, my license will be subject to revocation.

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

Print Name: _____ Position/Title: _____

Signature: _____ Date: _____