



# Village of Chicago Ridge

## Business License Application

10455 S. Ridgeland Ave • Chicago Ridge, Illinois 60415 • (708) 425-7700

Date \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Corporate: Yes  No

Business Phone: \_\_\_\_\_ Business/Owner E-mail: \_\_\_\_\_

Business Location: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sales Tax # (8 digit number with a dash): \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Manager's Phone: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe Type & Operation of Business: \_\_\_\_\_

Prior Business in Chicago Ridge: Yes  No  Seasonal: Yes  No  Time Period?: \_\_\_\_\_

Store Type: Store Front  Kiosk  Other  Total Sq. Footage of Business Area: \_\_\_\_\_

Tentative Business Open Date **(must attend meeting prior to open date)**: \_\_\_\_\_

Cigarette Sales: Yes  No  Vending Machines: Yes  No  Total Number: \_\_\_\_\_

Type of Vending Machines: \_\_\_\_\_

License fees must be paid at time of application submittal. All new businesses must attend a Village Board meeting for Board Approval prior to the business opening. The signature below indicates full examination of this completed form.

*Any misrepresentation or falsification of the information sought may result in revocation of the license granted.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

BUSINESS LICENSE FEE: \_\_\_\_\_

OCCUPANCY FEE:     \$25.00    

INSPECTION FEE:     \$50.00    

WATER DEPOSIT: \_\_\_\_\_

    GENERAL BUSINESSES:     \$150.00

    INDUSTRIAL:             \$250.00

    RESTARAUNTS/LOUNGES:   \$500.00

MEETING: \_\_\_\_\_

APPROVED: \_\_\_\_\_

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

HEALTH INSPECTION FEE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

\_\_\_\_\_



### Business Signage

Will the business have a sign? Yes  No  If yes, the Building Permit #: \_\_\_\_\_

Total square footage of sign: \_\_\_\_\_

#### Sign Location:

Secured to Building Structure:  Secured to Roof:  Free Standing:

Other (please describe): \_\_\_\_\_

### Please find your business type below and answer the applicable questions.

#### Restaurants, Banquet Halls, Bars or Lounges: ***\*\*Please submit Food & Beverage Tax application\*\****

Will you be serving or selling any milk or related dairy products, bread or related bakery goods, meat or other forms of prepared food? Yes  No  **\*\* If YES, please include a copy of your Food Service & Sanitation Certificate \*\***

Total number of seats: \_\_\_\_\_ Total number of parking spaces available: \_\_\_\_\_

Specify the number and the type of amusement devices operated at your establishment:

Juke Box: \_\_\_\_\_ Bowling Games: \_\_\_\_\_ Pool Table: \_\_\_\_\_ Dart Board: \_\_\_\_\_

Pinball Machines: \_\_\_\_\_ Arcade Style Video Games (non-gambling): \_\_\_\_\_

State Video Gaming License #: \_\_\_\_\_ Number of Terminals: \_\_\_\_\_

**\*\*\* Please include Video Gaming Application and copy of Illinois Gaming Board Certification \*\*\***

#### Automobile & Truck Sales, Repair, Rental and Parking:

Will your business be involved in any of the following (please indicate all that apply):

Automobiles  Trucks/Trailers

Sales  Rental  Repair  Rebuilding  Parking Space Rental  Number of spaces: \_\_\_\_\_

#### Fuel & Service Stations: ***\*\*Please submit Vehicle Fuel Tax application\*\****

Number of Pumps: \_\_\_\_\_ Storage Capacity in Gallons: \_\_\_\_\_

Have the tanks been pressure tested? Yes  No  If so, when?: \_\_\_\_\_

Vehicle Repair Bay on site? Yes  No  If so, what is the square footage? \_\_\_\_\_

Car Wash on site?:

Automated  Attendant Operated  DIY



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## Chicago Ridge Fire Department

10063 Virginia Ave, Chicago Ridge, IL 60415  
Business (708) 857-4456 Fax (708) 425-6404



## Chicago Ridge Police Department

10425 S. Ridgeland Ave, Chicago Ridge, IL 60415  
Business (708) 857-4456 Fax (708) 857-4460

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Business Insurance Carrier: \_\_\_\_\_

Company/Agent Address: \_\_\_\_\_

Company/Agent Phone: \_\_\_\_\_

Building Owner (if different): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Hours of Operation:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

### Does your business/location have any of the following?:

Cleaning Service  Knox Box  Sprinkler System  Alarm

What type of alarm?: Burglar  Robbery  Fire

How is the alarm transmitted?: Direct Telephone  Telephone by Prive Security

Direct to Alarm Board  Outside Ringer Only

Will your business produce and/or store hazardous material on the property? \_\_\_\_\_

*\* \* \* Please notify the Village Hall of any changes made to the information above \* \* \**

### Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_