



Village of Chicago Ridge

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

Business License Application

Date _____

Legal Name: _____

DBA: _____

Corporation: Yes No LLC: Yes No Sole Proprietor: Yes No

Business Phone: _____ Business/Owner E-mail: _____

Business Physical Address: _____ **CHICAGO RIDGE, IL 60415**

Billing Address: _____ City/State: _____ Zip: _____

Manager's Name: _____ Phone: _____

Business Owner's Name: _____ Phone: _____

Owner's Address: _____ City/State: _____ Zip: _____

Federal Tax ID #: _____ Sales Tax #: _____

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: _____

Number of Parking Spaces: _____ Tentative Open Date **(must attend meeting prior to open)**: _____

Cigarette Sales: Yes No ATM Terminal(s): Yes No Total Number: _____

Vending Machines: Yes No Total Number and Type: _____

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

RESTAURANTS/LOUNGES: \$500.00

HEALTH INSPECTION FEE: _____

TOTAL AMOUNT DUE: _____

MEETING: _____

APPROVED: _____

LICENSE #: _____

COMMENTS: _____

STATUS: IDOR: _____ Secretary of State: _____

REPORTS: Building: _____ Fire: _____ Health: _____



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 and/or terminals operated at your establishment:

Juke Box: _____ Bowling Game(s): _____ Pool Table(s): _____ Dart Board(s): _____

Pinball Machine(s): _____ Arcade Style Video Game(s) (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?: Yes No Automated Attendant Operated DIY



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**Business License
Application**

Chicago Ridge Fire Department

10063 Virginia Ave, Chicago Ridge, IL 60415
Business (708) 857-4454 Fax (708) 857-4463



Chicago Ridge Police Department

10425 S. Ridgeland Ave, Chicago Ridge, IL 60415
Business (708) 425-7831 Fax (708) 857-4460

Business Name (DBA): _____ Date: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Corporation? Yes No

Franchise? Yes No

Business Owner Name: _____ Phone: _____

Business Owner Email Address: _____

Business Owner Address: _____

Registered Agent Name: _____ Phone: _____

Registered Agent Mailing address: _____

Registered Agent Email 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 Private Security

Direct to Alarm Board Outside Ringer Only Alarm Company Name: _____

Will your business produce/store hazardous material on the property? Yes No What type? _____

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

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____