BUSINESS LICENSE/REGISTRATION APPLICATION

Village of Oak Lawn
9446 Raymond Ave
Oak Lawn, IL 60453
OLREGandLIC@oaklawn-il.gov

Date of Application: _____

Business/Organization Name _____

Corporate Name (if different) _____

Primary Business Function/ Detailed Description of All Business Uses/Services provided:

_____

Occupation Licensed by State of Illinois (IDFPR) or Federal government? _____ (attach license)

Illinois Retailer's Use Tax Number _____ SIC / NAICS Code: _____

Business Address, City, ST, Zip _____Unit/Suite _____

Business Phone Number _____ Federal Tax ID #_____

Corporate Address (if different) _____

Billing/Mailing Address (if different) _____

Business Owner(s) Name(s) _____

Business Owner(s) Cell Phone(s) _____

Business Owner(s) Email(s) _____

Business Owner(s) Home Address, City, ST, Zip _____

Property Owner Name (if different) _____ Square Footage of Property _____

Property Owner Cell Phone _____ Property Owner Email _____

General/Primary Manager Name _____

Manager Cell Phone _____ Manager Email _____

Seating Capacity: _____ Number of Parking Spaces _____ Number of Employees _____

What are your proposed hours of operation? _____

Will you remodel or have any construction completed on the space you are leasing/purchased?

Yes_____ No _____

If yes, you need to contact the Building Department at (708) 499-7800 and obtain the proper permits. Any work performed without proper permits may result in immediate forfeiture of business license.

Are you responsible for the water bill? Yes _____ No _____ If yes, the property owner/landlord must call for a Final Water Reading. The water billing desk can be reached at (708) 499-7762.

Will this business have any vending machines on premises? Yes _____ No _____

Is this business a non-profit organization? Yes ____ No _____

Is this business home-based? Yes____ No _____

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. What I/we have submitted in this application is complete and truthful. Owner and/or Manager must sign application to verify all information. Any falsification of the information sought above may result in revocation of license as granted. I/We understand there is a non-refundable $50 application fee, payable at time of application submission.

Please be advised that any sections left blank may delay processing.

_____

Printed Name

_____ _____

Signature (mandatory) **Date**

INTERNAL USE ONLY

Liens/Fines _____

Building Department (Occupancy – Zoning) _____

Water Billing _____

Fire Department _____

Manager, Community Development _____

Assistant Village Manager _____