Park Forest
Live Grow Discover
www.villageofparkforest.com

Business Registration Application

350 Victory Drive, 2nd Floor, Park Forest, IL 60466

(708) 283-5617 (Phone) • (708) 748-4355 (Fax)

Date:

Total Funds Received with Application:

You can complete this form ONLINE at www.villageofparkforest.com under GROW, then DOING BUSINESS IN PARK FOREST. Use "Print Form" option when completed. INITIAL and SIGN in designated areas and return to Economic Development & Planning Dept.

Please DO NOT Email This Form.

1 Reason for Application: **Other:**

2 Type of Entity:

5 Business Phone:

3 Entity Name/Parent Company:

6 Business Fax:

Proposed Park Forest Business Address (if applicable):

4 Business Name (DBA):

7 Cellular Phone:

8 Business Street Address:

City: State: Zip:

9 If Mailing Address is different than Question 8:

City: State: Zip:

Corporate Phone:

Opening Date:

10 Employer ID # or Federal Tax ID#: Email: Website:

11 Property Owner Name: Management Company or Owner's Agent:

Business Phone: Business Fax:

Is the Business located in a Cooperative or Rental? If yes, obtain permission from Mgmt Office or landlord and submit approval letter with application. ☐ Y ☐ N

12 Business Owner Name (Including middle initial):

Title: Percent Owned:

Business Address, City, State, Zip:

Home Address, City, State, Zip:

Home Phone: Date of Birth:

If more than one owner, 2nd Business Owner Name:

Title: Percent Owned:

Business Address, City, State, Zip:

Home Address, City, State, Zip:

Home Phone: Date of Birth:

13 **Several categories of business licenses require Illinois State Licenses and registered Corporations. Failure to maintain Illinois State Licenses, Corporations, and Village accounts renders your Park Forest Business Certificate invalid. (INITIAL HERE) _____**

I hereby certify that there are no willful misrepresentations or falsifications in this application. I am aware that, should investigation disclose such misrepresentation and/or falsifications, my application will be rejected and I may be subject to a fine. (INITIAL HERE) _____

14 **BUSINESS OPERATIONS INFORMATION**

Manager Name: Hm Address,City, Zip & **Hm Phone**:

Manager: ☐ On Site ☐ Off Site

Number of Employees including Owner: Number of Vehicle(s): IL Retail Sales Tax ID:

Does your business require an Illinois State Lic? (Please submit copies) Licensing Agencies

Transportation businesses per Sec.22-35 (page 4 of instructions), please provide the following: copy of certificate of liability ($350,000 min.) & registration. Use *Additional Vehicle Application* for additional vehicles. Also include copy of driver's license for each driver.

Make: Year: Body:

VIN Number: Lic. Plate:

Driver License#:

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FOOD / ALCOHOL / ENTERTAINMENT	**SERVICES / FUND RAISING / GENERAL**
Do you plan to sell or serve food? ☐ Y ☐ N	Will you offer massage, bodywrap or similar personal services? ☐ Y ☐ N

☐ Prepackaged ☐ Prepared ☐ Caterer ☐ Restaurant

☐ Mobile Food Unit *If checked Mobile Food Unit, please answer questions below and/or complete Mobile Food Dealer application:*

Days: ____ Month(s): ____

Do you hold a Food Service Sanitation Certificate? ☐ Y ☐ N
(Attach copy of certificate to application.)

Is this a special temporary event? *Please complete Temporary Food Dispenser application.* ☐ Y ☐ N
(Copy of liability insurance must accompany application.)

Retail Grocery Store ☐ Y ☐ N

Gross Flr Area: ☐ 2,500 sqft or < ☐ 2,501-10,000sq.ft. ☐ 10,001 sq.ft. or >

Do you plan to sell or serve alcoholic beverages? ☐ Y ☐ N

Check the Class that You will be Applying/Renewing:
(An application for Liquor License will need to be completed.)

Class A - Tavern	☐	**Class F - Grocery**	☐
Class B - Liquor Store	☐	**Class G - Restaurant**	☐
Class C - Drugstore B&W	☐	**Class H - Theater**	☐
Class D - Drugstore All	☐	**Class I - Caterer**	☐
Class E - Convenience	☐	**Class J - Recreational**	☐
		Class K - Temporary	☐

Is your business a beauty or barber shop? ☐ Y ☐ N

Does your business have a commercial driveway? ☐ Y ☐ N

If so, how many driveways? _____

Will your business vehicle(s) have signage? ☐ Y ☐ N

If so, how many vehicle(s)? _____

Does your business provide dry cleaning/laundry service? ☐ Y ☐ N

Will you engage in fund raising through raffles? ☐ Y ☐ N

If so, how many raffles do you conduct in a twelve (12) month period? *Please complete an application for Raffle License.* ____

Will you deal in coins, stamps, firearms, jewels, or second-hand property? ☐ Y ☐ N

Providing Alcohol/Drug Consulting/Counseling/Treatment? ☐ Y ☐ N

Tobacco Sales? ☐ Y ☐ N
If Yes, please complete an application for Tobacco.

Child Care: ☐ Y ☐ N Senior? ☐
Adult Care: ☐ Y ☐ N Handicap? ☐
Location: ____

Does your business involve amusement machines, video games, pool tables, and/or video gaming terminals? ☐ Y ☐ N

Does your business have vending machines? ☐ Y ☐ N

If so, how many? ____ *(Please submit an application for Vending if answered Yes on one or both of the last two questions.)*

16 BUILDING AND FACILITY INFORMATION

Do you ☐ own ☐ rent/lease your business property?

Do you have a security alarm? If yes, please complete a Security Alarm Permit that will be forwarded to the Police Dept. ☐ Y ☐ N

Do you have a fire alarm? ☐ Y ☐ N

If yes, where is it located? ____

Business sq. ft.: _____

Does your business require construction and/or remodeling? ☐ Y ☐ N

Is your business Home Based? ☐ Y ☐ N

If business is Home Based, do you wish to have your business name, phone number, and website made available to the public and listed in yearly Business Resource Guide? ☐ Y ☐ N

HAZARDOUS MATERIALS/MEDICAL WASTE

Will you use, store, or transport chemicals? (New or waste state) ☐ Y ☐ N

Will you manage or produce biohazardous materials or waste? ☐ Y ☐ N

If yes to above questions, what type of hazardous materials? ____

If answered yes, where is the location of hazardous materials? ____

If answered yes, what are the quantities of hazardous materials? ____

(Material Safety Data Sheets must be provided.)

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Describe your business activity in detail. (Attach additional copies and/or brochures): ____

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If this application is for a change of business name, business location, or business ownship, please list previous name, address & owner(s): ____

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Keyholder #1 Name:	Home Address:	City:	State:	Zip:	Contact Phone:
Keyholder #2 Name:	Home Address:	City:	State:	Zip:	Contact Phone:
Keyholder #3 Name:	Home Address:	City:	State:	Zip:	Contact Phone:

Applicant's Signature: _____ Print Name: _____ Date: _____

Print Form