

2026 BUSINESS LICENSE/REGISTRATION APPLICATION

CITY OF COUNTRYSIDE
Elizabeth A. Kmet, City Clerk
803 Joliet Road
CountrySide, IL 60525
(708) 354-7270

- ☐ BUSINESS LICENSE
- ☐ BUSINESS REGISTRATION



INSTRUCTIONS:

Please type or print all information requested on this application. Any omissions or misstatements of material facts herein cause forfeiture of rights to further consideration for granting of the license applied for.

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

BUSINESS PHONE NUMBER: _____

BUSINESS FAX NUMBER: _____

SALES TAX/IBT#: _____

WEBSITE ADDRESS: _____

EMAIL ADDRESS: _____

CITY USE ONLY

LICENSE #: _____

LICENSE FEE: _____

TO THE CITY CLERK: I (WE) the undersigned, hereby make application for a license under and by virtue of the ordinance the City of Countryside for conducting a business as follows:

24 Hour Emergency Contact Information (REQUIRED BY THE POLICE DEPT. - Please provide 2 contacts):

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Does your business have surveillance cameras? ☐ Yes ☐ No

☐ Interior

☐ Exterior

Building Property Manager Information. Name, address, and phone number of OWNER/MANAGER OF BUILDING where business will be conducted:

Additional Information:

Describe the nature of your business: _____

Describe what specific activity will occur at this location: _____

Days and hours of operation: _____ Square footage of business: _____

of employees (Countryside Location only): _____

Does your business have liability insurance? Yes _____ No _____

If **yes**, please provide Certificate of Insurance with application.

Manager of Business: Name, home address, and phone number: _____

Person in charge of business in Manager's absence: Name, home address, and phone number: _____

Business Owner Information. (If applicant is a firm, give name and address of all partners. If a corporation, provide name and address of President and Secretary.)

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

☐ PLEASE CHECK THIS BOX IF INVOICES ARE TO BE SENT TO THE CORPORATE LOCATION

Corporate Information.

Corporation Name: _____

Corporation Address: _____

Corporation Phone: _____

Vending Machines/Amusement Devices: State name, address and phone number of vending company servicing the machines located on your premises. **(If not applicable, write "N/A")**

Type	# of Machines	Vending Company Name	Vending Company Address
Video Gaming Machines			
Amusement Devices (arcade)			
Juke Box			
Vending Machines (food, drink, toy)			

Please complete any information pertaining to your particular business. **(If not applicable, write "N/A")**

Mobile Home Park: # of Spaces		Scavengers: # of Trucks	
# of Vehicle Parking Spaces		Food Delivery: # of Vehicles	
Hotel/Motel: # of Units		Outside Storage Containers	
Carryout Restaurant			

Food Handling Establishments: Name, Address and phone number of person having a food handling license (as required by the State of Illinois):

Signature of Applicant

Date

Printed Name

Only new businesses need to be notarized, if you are an existing business then leave notary section blank.

NOTARY (Fill out this section):

ON _____, BEFORE ME PERSONALLY APPEARED _____

WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT (HE/SHE)
EXECUTED THE SAME.

MY COMMISSION EXPIRES ON: DATE: _____ NOTARY: _____

NOTARY STAMP: _____

STATUS NOTES:

DATE	COMMENTS

FOR OFFICIAL USE ONLY

Zoning and Parking Approved

By: _____ Date: _____ Allowed Use: _____

Certificate of Occupancy Required? Yes No

Variance: No / Yes - Ordinance # _____

County Health Inspection Required? Yes No

Special Use: No / Yes - Ordinance # _____

Current Zoning: _____