

2020 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



NAME & ADDRESS OF BUSINESS  
  
  
  
Website Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

CITY USE ONLY  
ID: \_\_\_\_\_  
LICENSE #: \_\_\_\_\_  
LICENSE FEE: \_\_\_\_\_  
\_\_\_\_\_  
VGM: \_\_\_\_\_  
OTHER: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

**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.

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

TYPE OF BUSINESS: \_\_\_\_\_ SALES TAX / IBT #: \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_ BUSINESS FAX # \_\_\_\_\_

ADDRESS GIVEN TO STATE OF ILLINOIS FOR SALES TAX: \_\_\_\_\_

SQUARE FOOTAGE OF BUSINESS: \_\_\_\_\_

#OF EMPLOYEES--**COUNTRYSIDE LOCATION ONLY**: \_\_\_\_\_ TOTAL # OF EMPLOYEES - ALL LOCATIONS: \_\_\_\_\_

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

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

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

**Business Watch Program:** To receive informational/crime alerts from the Police Dept. please provide an Email address that is checked daily. Email: \_\_\_\_\_

1. **Person Managing Business:** Name, home address, and phone number of manager in charge of business: \_\_\_\_\_  
\_\_\_\_\_

2. Name, home address, and phone of person in charge of business in Manager's absence: \_\_\_\_\_  
\_\_\_\_\_

3. **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 #: \_\_\_\_\_

4. **Corporate Information.**

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

Corporation Phone: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

6. 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 Co. Name	Vending Co. Address
Cigarette & Tobacco			
Vending Machines (food, drink, toy)			
Video Gaming Machines			
Amusement Devices (arcade)			
Juke Box			

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

Billiard Hall: # of Tables		Scavengers: # of Trucks	
Bowling Alley: # of Lanes		Hotel/Motel: # of Units	
Lounge/Restaurant: # of Seats		Laundromat: # of Machines	
Barber Shop: # of Chairs		Theater: # of Seats/Spaces	
Mobile Home Park: # of Spaces		Repair Shop: # of Service Bays	
# of Vehicle Parking Spaces		Food Delivery: # of Vehicles	

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

\_\_\_\_\_

9. Additional Information:

A. Describe the nature of your business. \_\_\_\_\_

B. Describe what specific activity will occur at this location. \_\_\_\_\_

\_\_\_\_\_

C. Hours of Operation: \_\_\_\_\_

D. Does your business have liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

NOTARY:

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: \_\_\_\_\_

**STATUS NOTES:**

DATE	COMMENTS

**FOR OFFICIAL USE ONLY**

Zoning and Parking Approved

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

Certificate of Occupancy Required? Yes No

County Health Inspection Required? Yes No

Current Zoning: \_\_\_\_\_

Allowed Use: \_\_\_\_\_

Variance: No / Yes Ordinance # \_\_\_\_\_

Special Use: No / Yes Ordinance # \_\_\_\_\_

**LICENSE GRANTED BY ELIZABETH A. KMET, CITY CLERK OF THE CITY OF COUNTRYSIDE**

**DATE:** \_\_\_\_\_

**BY:** \_\_\_\_\_