

2019 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: _____