

BUSINESS LICENSE APPLICATION

CITY OF BURBANK

6530 WEST 79TH ST

BURBANK, IL. 60459

708-599-5500 Fax 708-599-8088

PLEASE NOTE: ANY MISREPRESENTATION OF FALSIFICATION OF THE INFORMATION SOUGHT BELOW MAY RESULT IN REVOCATION OF THE LICENSE AS GRANTED AND FINES MAY BE APPLICABLE. FOR INFORMATION OR QUESTIONS, PLEASE CALL (708) 599-5500).

APPLICATION DATE: _____

New Business New Owners Location Change Renewal
 Corporation Sole Owner Partnership Assoc.

NAME OF BUSINESS: _____

D.B.A. (Same _____) _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (SAME _____) _____

CITY, STATE, ZIP CODE: _____

CORP. OR REGISTERED AGENT(if applicable) _____

IL. SALES TAX I.D.# (attach copy) RESALE #: _____ FED. EMP. I.D.# _____

BUSINESS PHONE: _____ BUSINESS E-MAIL: _____

THIS SECTION MUST BE COMPLETE (if applicable) FOR MULTIPLE OWNERSHIP:

NAME: _____ (ATTACH COPY OF D.L.)
ADDRESS: _____ PHONE: _____ E-MAIL _____
CITY / STATE: _____ D.O.B. _____ S.S.# _____

NAME: _____ (ATTACH COPY OF D.L.)
ADDRESS: _____ PHONE: _____ E-MAIL _____
CITY /STATE: _____ D.O.B. _____ S.S.# _____

NAME: _____ (ATTACH COPY OF D.L.)
ADDRESS: _____ PHONE: _____ EMAIL _____
CITY / STATE: _____ D.O.B.: _____ S.S.# _____

HAS APPLICANT EVER OWNED OR OPERATED A BUSINESS IN THE CITY OF BURBANK?

___ YES ___ NO

IF YES, LIST BUSINESS NAME: _____

LOCATION: _____

DATES OF OPERATION: _____

STATUS: _____ OPEN / _____ CLOSED

HAS APPLICANT EVER BEEN CONVICTED OF A FELONY? ___ YES / ___ NO

IF YES, LIST OFFENSE: _____

JURISTITION: _____

DATE OF OFFENSE: _____

DATE OF CONVICTION: _____

IS THIS A HOME-BASED BUSINESS OPERATING OUT OF YOUR PRIMARY RESIDENCE?

_____ YES

_____ NO

IF YES, MY RESIDENCE IS RENTAL PROPERTY / MY RESIDENCE IS NOT RENTAL PROPERTY.

(CIRCLE ONE)

IF NO, I HAVE OWNERSHIP STAKE IN LOCATION / LEASE LOCATION / RENT LOCATION.

(CIRCLE ONE)

REMEMBER, BEFORE PROCEEDING WITH CONSTRUCTION, ALTERATION OR REPAIRS INCLUDING STRUCTURAL, ELECTRICAL OR PLUMBING, PERMITS SHALL FIRST BE OBTAINED BY THE OWNER OR AGENT FROM OUR BUILDING DEPT. PERMITS ARE REQUIRED FOR VIRTUALLY ALL SIGNAGE. SEPARATE LICENSES ARE REQUIRED FOR SALE OF TOBACCO AND LIQUOR. APPLICANTS HAVE 60 DAYS TO COMPLETE INSPECTIONS.

TYPE OF BUSINESS: _____

NAME OF MANAGER: _____ PHONE #: _____

SQUARE FOOTAGE: _____

FOOD SERVICE: ____ YES ____ NO IF RESTAURANT, # OF SEATS: _____

II. SANITATION CERTIFICATE # (if applicable) _____

NAME OF PERSON CERTIFIED: _____

DESCRIPTION OF SERVICES SOLD: _____ CIGARETTES _____ CIGARS

_____ LOOSE TOBACCO _____ ELECTRONIC CIGARETTES

OTHER _____

SEATING CAPACITY OF BUSINESS: _____

VIDEO GAMING DEVICES: ATTACH A COPY OF ILLINOIS GAMING BOARD CERTIFICATION AND CITY OF BURBANK VIDEO GAMING APPLICATION.

___ JUKE BOX ___ POOL TABLE ___ DART BOARD ___ PINBALL
___ ARCADE-STYLE VIDEO GAMES (non-gambling) ___ VIDEO GAMING (gambling)
___ SNACK ___ GUMBALL ___ ICE ___ ARCADE RIDES
___ OTHER (specify) _____

OWNER OF MACHINES: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____

LAUNDRY RELATED BUSINESS: _____ # OF WASHERS _____ # OF DRYERS

AUTOMOTIVE & FUEL RELATED BUSINESS

	SALES	RENTAL	REPAIR	REBUILDING
AUTOS	___	___	___	___
TRUCK/TRL.	___	___	___	___

___ # OF FUEL DISPENSERS

FUEL TANK #1 ___ STORAGE CAP. (GAL.) PRESSURE TEST Y/N DATE: _____

FUEL TANK #2 ___ STORAGE CAP. (GAL.) PRESSURE TEST Y/N DATE: _____

FUEL TANK #3 ___ STORAGE CAP. (GAL.) PRESSURE TEST Y/N DATE: _____

FUEL TANK #4 ___ STORAGE CAP. (GAL.) PRESSURE TEST Y/N DATE: _____

___ PARKING SPACES ___ RESTROOMS ___ SQ. FT. OF VEHICLE REPAIR AREA

I/WE UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL CITY 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 CITY OF BURBANK AND ITS AGENTS TO MAKE INQUIRIES INTO MY/OUR CHARACTER, CREDIT AND BACKGROUND, IN ORDER TO APPROVE OR DENY THIS LICENSE APPLICATION. I/WE HAVE READ THIS APPLICATION AND ANSWERED ALL QUESTIONS FULLY AND THE INFORMATION I/WE HAVE SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE. OWNER AND/OR MANAGER MUST SIGN APPLICATION TO VERIFY ALL INFORMATION. ANY FALSIFICATION OF THE INFORMATION SOUGHT ABOVE MAY RESULT IN REVOCATION OF CERTIFICATE AS GRANTED. TO ASSURE COMPLIANCE WITH THE CITY OF BURBANKS HEALTH ORDINANCES (CHAPTER 7) AND THE STICKNEY TOWNSHIP ENVIRONMENTAL HEALTH DEPARTMENT RULES AND REGULATIONS, ANY BUSINESS DISTRIBUTING, SELLING OR PREPARING FOOD PRODUCTS MUST HAVE THE APPROVAL OF THE HEALTH DEPARTMENT BEFORE A BUSINESS REGULATORY CERTIFICATE IS ISSUED.

THE UNDERSIGNED, BEING THE APPLICANT HEREUNDER AND BEING THE OWNER OR THE MANAGER OF THE AFOREMENTIONED BUSINESS, HEREBY GIVES PERMISSION TO THE CITY OF BURBANK, ITS OFFICERS, AGENTS AND EMPLOYEES TO ENTER UPON THE LICENSED PREMISES AT ANY TIME FOR THE PURPOSE OF MAKING INSPECTION OF THE LICENSED PREMISES. BUSINESS REGULATORY CERTIFICATES ARE NON-TRANSFERABLE. IF A BUSINESS IS SOLD, A NEW APPLICATION MUST BE FILLED OUT AND INSPECTIONS CONDUCTED IN THE SAME MANNER AS FOR A NEW BUSINESS. A BUSINESS REGULATORY CERTIFICATE WILL NOT BE ISSUED UNTIL ALL APPROVED INSPECTION FORMS ARE RECEIVED BY THE CITY CLERK'S OFFICE. AT THAT TIME, YOU WILL BE NOTIFIED TO COME IN AND PAY THE PROPER FEES. BUSINESS REGULATORY FEES MUST BE PAID BEFORE YOU CAN OPEN FOR BUSINESS AND BEFORE YOUR BUSINESS REGULATORY CERTIFICATE IS ISSUED.

SIGNATURE (mandatory)

DATE

POLICE AND FIRE EMERGENCY INFORMATION

BUSINESS NAME: _____

STORE I.D. NUMBER (if assigned by a corporation): _____

DOING BUSINESS AS: _____

ADDRESS OF BURBANK LOCATION: _____

BUSINESS TELEPHONE #: _____ BUSINESS FAX #: _____

NAME OF PROPERTY OWNER: _____

(LAST, FIRST, MIDDLE, SUFFIX)

E-MAIL ADDRESS OF PROPERTY OWNER: _____

PRIMARY ADDRESS OF PROP. OWNER: _____

(STREET, CITY, STATE, ZIP)

TELEPHONE # OF PROPERTY OWNER: _____

NAME OF PROP. MAN. CO. IF DIFFERENT THAN ABOVE: _____

TELEPHONE # OF PROP. MAN. CO.: _____

SQUARE FOOTAGE: _____ # OF FLOORS: _____ PARKING SPOTS: _____

BLUEPRINT / FLOORPLAN AVAILABLE: Y/N

HOURS OF OPERATION:

SUN	MON	TUES	WED	THURS	FRI	SAT
_____	_____	_____	_____	_____	_____	_____

DO YOU HAVE A CLEANING / MAINTENANCE SERVICE? Y/N

DAYS / HOURS OF OPERATION: _____

PRIMARY MANAGER / BUS. OWNER PRIORITY CONTACT LIST:

	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>CELL PHONE</u>	<u>LANDLINE</u>
1				
2				
3				
4				

ALARM COMPANY #1

NAME: _____

ADDRESS: _____

TELEPHONE: _____

____ BURGLAR ____ PANIC ____ HOLD-UP ____ FIRE ____ INSIDE ____ OUT

____ DIRECT TO ALARM BOARD ____ PHONED IN BY PRIVATE ALARM COMPANY

"HOW IS OAK LAWN EMERGENCY COMMUNICATIONS (BURBANK DISPATCH CENTER) ALERTED TO THE ALARM?" _____

ALARM COMPANY #2

NAME: _____

ADDRESS: _____

TELEPHONE: _____

____ BURGLAR ____ PANIC ____ HOLD-UP ____ FIRE ____ INSIDE ____ OUT

____ DIRECT TO ALARM BOARD ____ PHONED IN BY PRIVATE ALARM COMPANY

"HOW IS OAK LAWN EMERGENCY COMMUNICATIONS (BURBANK DISPATCH CENTER) ALERTED TO THE ALARM?" _____

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)

**THE FOLLOWING GUIDELINES MUST BE FOLLOWED BEFORE A
BUSINESS REGULATORY CERTIFICATE CAN BE ISSUED:**

INSPECTION SHEETS ARE SENT BY THE CLERK'S OFFICE TO THE FOLLOWING DEPARTMENTS. HOWEVER, IT IS THE APPLICANT'S RESPONSIBILITY TO CONTACT THE PERSONS LISTED BELOW TO MAKE THE ARRANGEMENTS FOR THE REQUIRED INSPECTIONS.

DAVE RICCHIUTO, BUILDING COMMISSIONER

BUILDING DEPARTMENT, CITY OF BURBANK

708-599-5500

6530 WEST 79TH STREET – 2ND FLOOR

BURBANK, ILLINOIS 60459

DAVID GILGENBERG II, FIRE CHIEF

FIRE DEPARTMENT, CITY OF BURBANK

708-599-7766

6530 WEST 79TH STREET

BURBANK, ILLINOIS 60459

MIKE KATCHER, DIRECTOR

ENVIRONMENTAL HEALTH DEPT., STICKNEY TOWNSHIP

5635 WEST STATE ROAD

708-424-9200

BURBANK, ILLINOIS 60459