



BUSINESS LICENSE APPLICATION

VILLAGE OF LANSING

3141 Ridge Road

Lansing, IL 60438

(708) 895-7174 FAX (708) 832-4585

Information on this form is a public record

APPLICANTS MUST COMPLETE THIS APPLICATION IN FULL AND PROVIDE ALL REQUESTED INFORMATION

Incomplete or illegible applications will not be accepted.

NEW BUSINESS RENEWAL HOME BUSINESS NOT-FOR-PROFIT OTHER _____

SECTION I. BUSINESS OWNER, PARTNER, MANAGER INFORMATION

BUSINESS NAME: _____ DBA : _____

BUSINESS ADDRESS: _____ SUITE/UNIT #: _____

BUSINESS TELEPHONE: _____ BUSINESS FAX # _____

BUSINESS E-MAIL: _____ WEBSITE: _____

BUSINESS IS A: Sole proprietorship Partnership Corporation LLC; LLP; LP Other (Identify) _____

BUSINESS DESCRIPTION: _____

BUSINESS OWNER NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY TELEPHONE #: _____ Home Cell

E-MAIL ADDRESS: _____

DRIVER'S LICENSE #: _____ STATE ISSUING DRIVER'S LICENSE: _____

IF YOUR BUSINESS HAS ADDITIONAL OWNERS, PARTNERS OR MANAGERS, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH ADDITIONAL OWNER, PARTNER OR MANAGER (ATTACH EXTRA PAGE IF NEEDED):

OWNER, PARTNER OR MANAGER'S NAME: _____

THIS INDIVIDUAL IS AN: Additional Owner Additional Partner Additional Manager

ADDRESS: (W/ CITY, STATE, ZIP) _____

PRIMARY PHONE#: _____ E-MAIL ADDRESS: _____

DRIVER'S LICENSE #: _____ STATE ISSUING DRIVER'S LICENSE: _____

OWNER OF PROPERTY (check if the same as business owner):

PROPERTY OWNER'S NAME: _____

HOME ADDRESS: (W/ CITY, STATE, ZIP) _____

PRIMARY PHONE#: _____ Home Cell

E-MAIL ADDRESS: _____

SECTION II. BUSINESS INFORMATION

IDENTIFY YOUR TYPE OF BUSINESS (CHECK BOX BELOW):

- | | | |
|--|---|---|
| <input type="checkbox"/> Arts/Entertainment | <input type="checkbox"/> Automobile (Sales/Service) | <input type="checkbox"/> Business/Professional Services |
| <input type="checkbox"/> Computer/Technology/Telecom | <input type="checkbox"/> Construction/Trades | <input type="checkbox"/> Daycare (Child or Adult) |
| <input type="checkbox"/> Education | <input type="checkbox"/> Financial Services/Banking | <input type="checkbox"/> Healthcare (Medical/Dental) |
| <input type="checkbox"/> Industrial Supplies/Service | <input type="checkbox"/> Lodging/Hotel | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Personal Care/Services | <input type="checkbox"/> Pets/Veterinary Services | <input type="checkbox"/> Religious Organizations/Clubs |
| <input type="checkbox"/> Restaurants/Food/Beverage | <input type="checkbox"/> Retail | <input type="checkbox"/> Sports/Recreation |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Warehousing/Storage _____ | <input type="checkbox"/> Other (Identify) _____ |

NUMBER OF EMPLOYEES: _____ FULL-TIME _____ PART TIME _____

BUSINESS HOURS: MONDAY _____ TUESDAY _____ WEDNESDAY _____
THURSDAY _____ FRIDAY _____ SATURDAY _____ SUNDAY _____

IS THIS BUSINESS A 501(C) OR TAX-EXEMPT ORGANIZATION: No Yes

Federal Employee Identification Number (FEIN):

Illinois Department of Revenue # (Tax/IBT #):

IL. Dept. of Professional Regulation License #

Check here if there are coin-operated devices at your business. (i.e. food, beverage, amusement, etc..)

If yes, how many? _____ What Type? _____

Check here if there are hazardous or flammable materials stored on site?

If yes, what type of materials and in what quantities?

Describe in detail the type of business and product(s) or service(s) rendered: _____

SECTION III. ALARM SYSTEM/KEY HOLDER INFORMATION

- DOES YOUR BUILDING/PREMISE HAVE A SECURITY ALARM? YES NO
 DOES YOUR BUILDING/PREMISE HAVE A FIRE ALARM? YES NO
 DOES YOUR BUILDING/PREMISE HAVE A FIRE SPRINKLER SYSTEM? YES NO
 DOES YOUR BUILDING/PREMISE HAVE A KEY/KNOX BOX? YES NO

KNOX BOX REQUIREMENTS: The Fire Department may require a Knox Box to expedite entry and eliminate property damage in the event of an emergency. You will be contacted if this is a requirement for your business. Call the Fire Department at (708) 895-0556 if you have questions.

PLEASE PROVIDE EMERGENCY CONTACT INFORMATION FOR POLICE AND FIRE DEPARTMENTS. LIST ALL PERSONS IN THE ORDER THEY SHOULD BE CONTACTED. INDIVIDUALS MUST BE IN CLOSE PROXIMITY TO BUSINESS, AVAILABLE 24 HOURS.

KEYHOLDER NAME/CITY, STATE OF RESIDENCE	HOME TELEPHONE #	WORK TELEPHONE #	CELLULAR TELEPHONE #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT'S SIGNATURE:

I hereby certify and declare under penalty of perjury that the information furnished by me on this application is true and complete to the best of my knowledge. I understand the issuance of this License is conditioned upon compliance with Village Ordinances and the results of any inspection of the above premises at this time or any subsequent inspections while this License is in force. I also understand that any falsifications or willful misrepresentation of the above statements or answers will result in the revocation of this license.

_____ Printed Name _____ Signature _____ Date

FOR VILLAGE OF LANSING OFFICE USE ONLY

- NEW RENEWAL Business License # _____
- Zoning Class _____
- Zoning Approval _____ Date _____
- Fire Department Approval _____ Date _____
- Building Department Approval _____ Date _____
- Check All That Apply: Use is NOT Permitted Special Use Permit Required Existing Non-Conforming Use

Received Payment

Village Departments

- Planning & Development Director.....(708) 895-7174
- Fire Department.....(708) 895-0556
- Police Department.....(708) 895-7150
- Building Department.....(708) 895-7193
- Water Department(708) 895-7200