

## **APPLYING FOR A BUSINESS LICENSE**

1. ACQUIRE BUSINESS LICENSE APPLICATIONS
2. PUT DOWN \$100.00 WATER DEPOSIT IF YOU WILL BE RESPONSIBLE FOR THE WATER BILL

## **WHEN PAPERWORK IS RETURNED**

1. PAPERWORK MUST BE FILLED OUT **COMPLETELY**
2. COPY OF THE LEASE
3. COPY OF CORPORATION PAPERS/ASSUMED NAME PAPERWORK
4. COPY OF TAX ID INFORMATION
5. COPY OF SALON LICENSE & COSMETOLOGY LICENSE, IF APPLICABLE
6. A BUILDING PERMIT IS REQUIRED FOR ANY RENOVATION WORK
7. A SCOPE OF WORK MAY BE REQUIRED
8. SIGN PERMIT IF NECESSARY – SIGN COMPANY MUST BE LICENSED WITH THE VILLAGE

BUSINESS MUST BE INSPECTED BY THE FIRE DEPT (\$50.00) AND THE BUILDING DEPT (\$50.00) BEFORE THE LICENSE WILL BE ISSUED

FEES WILL BE TAKEN AT THE TIME OF APPLICATION

DEPENDING ON WHAT TYPE OF BUSINESS, THE HEALTH INSPECTOR WILL ALSO BE INSPECTING THE BUSINESS

**FOR OFFICE USE ONLY**

**APPROVED:**

**POLICE DEPT:** \_\_\_\_\_

**FIRE DEPT:** \_\_\_\_\_

**BUILDING DEPT:** \_\_\_\_\_

**HEALTH DEPT:** \_\_\_\_\_

**FINANCE COMMITTEE:** \_\_\_\_\_

**EDC COMMITTEE:** \_\_\_\_\_

**WATER DEPOSIT:** \_\_\_\_\_

**LICENSE FEE:** \_\_\_\_\_

**VENDING MACHINES:** \_\_\_\_\_

**INSPECTION FEE:** \_\_\_\_\_

**TOTAL FEES:** \_\_\_\_\_

**DATE ISSUED & LICENSE #:** \_\_\_\_\_

**VILLAGE OF MIDLOTHIAN**

**P – (708) 389-0200 FAX – (708) 389-0255**

**APPLICATION FOR BUSINESS LICENSE**

I (We) the undersigned, hereby make application for a General Business License under and by virtue of the Ordinance of Midlothian, Illinois

NOTICE: The license year shall be from January 1<sup>st</sup> to December 31<sup>st</sup>.

BUSINESS OWNER IS RESPONSIBLE FOR SECURING VENDING MACHINE LICENSES.

**\*\*PRINT ALL INFORMATION\*\***

**I. BUSINESS INFORMATION:**

A. NAME OF BUSINESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

B. Describe the principal business activity including product and/or service to be provided/dispensed: \_\_\_\_\_

If any other business operates from this address, list their name and their Village License Numbers: \_\_\_\_\_

C. Will your business be manufacturing, storing or selling any type of hazardous matter? YES \_\_\_\_\_ NO \_\_\_\_\_

D. Illinois Retail Occupation Tax (IBT) Number: \_\_\_\_\_

E. Square Footage of Commercial Establishment: \_\_\_\_\_  
(including display area, storage, hallways, bathrooms)

F. Are you operating under an assumed name? YES \_\_\_\_\_ NO \_\_\_\_\_

If you are operating under an assumed name, it must be registered with Cook County, Please provide registered number. \_\_\_\_\_

**II INFORMATION:**

A. Do you sell milk, ice and/or food products? \_\_\_\_\_

B. Do you sell tobacco goods over the counter? \_\_\_\_\_ Sell tobacco goods by vending machine? \_\_\_\_\_

C. What trucks or other commercial vehicles are used in conjunction with your business? \_\_\_\_\_

D. SERVICE STATIONS: Number of gas nozzles? \_\_\_\_\_ Tow trucks? \_\_\_\_\_

E. NURSING/RETIREMENT HOMES: Number of beds? \_\_\_\_\_

F. VENDING MACHINES: Specify all vending machines located in your establishment:  
No. of Food Vending Machines: \_\_\_\_\_ No. of Other Vending Machines: \_\_\_\_\_  
No. of Tobacco Vending Machines: \_\_\_\_\_

G. Specify the types and number of amusement devices operated in your establishment:  
JUKEBOX \_\_\_\_\_ GAMES OF SKILL \_\_\_\_\_ POOL TABLE \_\_\_\_\_

H. Maximum number of employees on any one shift, including part-time? \_\_\_\_\_

I. Number of parking stalls for your business \_\_\_\_\_

**\*\* PRINT ALL INFORMATION \*\***

**III BUSINESS OWNERSHIP:**

A. Type of Ownership:  Individual  Partnership  Corporation – attach Articles of Incorporation  
Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

NOTE: If more than one owner or Partner, give names, addresses (including city, state and zip), driver's license number and phone numbers of each on a separate sheet.

B. Official or operator responsible for the daily management of business:  
Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

C. If a Corporation, attach Articles of Incorporation, and list:  
President's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Secretary's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Registered Agent's Name \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

D. Has any owner, corporate officer or director ever been convicted of the commission of a felony under the laws of the State of Illinois, any other state, or federal law of the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

**IV BUSINESS PREMISES:**

Do you own the property? YES  NO

If NO: Property Owner's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Do you lease the property? YES  NO

If you lease the property, provide a copy of the lease. You may strike all financial information from the terms of the lease.

If you own the property, provide proof of ownership.

**V AFFIDAVIT:**

I hereby certify that there are no willful misrepresentations, or falsifications of the above statements, in answers and attachments. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected, or if already issued, my license may be subject to revocation.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to, before me, this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_



## Village of Midlothian

14801 S. Pulaski Rd.  
Midlothian, Illinois 60445  
Phone (708) 389-0200  
Fax (708) 389-0255

### BUSINESS FACT SHEET

(PLEASE PRINT OR TYPE ALL INFORMATION)

Business Details	
Name of Business	
Business Owner Name	
Business Address	
Business Telephone	
Email	

Building Owner Contact Information	
Plaza Name (if applicable)	
Building Owner's Name	
Bld Owner's Home Address	
Bld Owner's Home Phone	
Email	

24 Hour Emergency Contacts			
Please list, in order to be called, the names and telephone numbers of the person(s) to be contacted in case of an emergency			
1	Name	Telephone	( )
2	Name	Telephone	( )
3	Name	Telephone	( )
4	Name	Telephone	( )

Alarm/Sprinkler/Security Information	
Does the business have a Fire Alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Company Name _____	
Does the business have a sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other type of alarm system? <input type="checkbox"/> Burglary <input type="checkbox"/> Robbery/Hold-up <input type="checkbox"/> Other _____	
How is the alarm reported to the Midlothian Police Department?	
<input type="checkbox"/> Central Station phone to dispatch <input type="checkbox"/> Telephoned by private security company	
<input type="checkbox"/> Outside ringer/flasher only <input type="checkbox"/> Other (Describe) _____	
If telephoned to Midlothian Police Department by private security company please give:	
Company Name: _____ Telephone: _____	
Does the business employ a security dog company for protection? <input type="checkbox"/> Yes	
If yes, company name: _____ Telephone: _____	

Miscellaneous business information:

Municipality Department Use Only	
Date Received:	Date Entered:



# Midlothian Fire Department

Stephen M. Hotwagner  
CHIEF

*Member of*

*National Fire Protection Association  
Community Firefighter's Association  
Illinois Firefighter's Association*

## **"Be Fire Minded"**

New building owners and tenants,

The Midlothian Fire Department performs inspections on **ALL** businesses in Midlothian before business licenses are approved. **ALL BUSINESSES REQUIRE A FIRE ALARM SYSTEM** (Heat and/or smoke detection system) Your business may require an: **Automatic Fire Suppressant System (Sprinkler System) depending on occupancy type and size of building.**

**By Ordinance, the Building owner is responsible for fire protection systems.**

### **Existing Business with a Fire Alarm**

- The fire alarm system shall be NFPA 72 compliant with today's standards and meet all the requirements mandated by the authority having jurisdiction. The system must be monitored and in proper working order. All businesses are required to have a signed maintenance contract with a licensed fire alarm contractor.

### **Automatic Suppressant System**

- Please review the Village of Midlothian Ordinances for requirements.
- If you have any questions regarding Sprinkler System requirements contact the Midlothian Fire Prevention Bureau. (708) 489-4742

Your signature below confirms that you have been notified of these requirements.

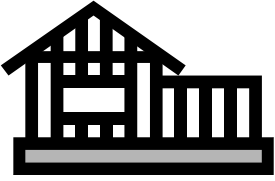
Address of Business \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Owner/Tenant/Occupant

**Signed X** \_\_\_\_\_

Cc: New tenant/owner  
Fire Prevention Bureau

Stephen M. Hotwagner  
Fire Chief



# VILLAGE OF MIDLOTHIAN BUILDING DEPARTMENT

14801 S. Pulaski Road, Midlothian, IL 60445  
708-385-8642

## Business/Commercial Building Inspections Checklist

- Electric - Switches and outlets must be properly installed and maintained in good working order.
- GFI Outlets - Need to be installed within 6 feet of any water source.
- Doors - Every door and its hardware shall be maintained in good condition. Door locks must be in good repair and capable of locking the door.
- Sanitation - Interior areas shall be maintained in a safe, clean and sanitary condition. All areas shall be free from insect and rodent infestations and from any accumulation of refuse including storage of junk, boxes, excessive papers, parts, machinery, or any & all equipment not in an operable condition.
- Refuse Containers - Businesses are required to have a metal container with a tight fitting lid, 1.5 cubic yards minimum.
- Carbon Monoxide Alarm Detectors - Installed in the area of furnace/boiler room.
- Windows - Glass must be free of cracks or holes, and each operating window must have screens with no rips or tears.
- Interior Surfaces - Floors, walls, including windows and doors, ceilings, and other interior surfaces shall be maintained in good, clean, and sanitary condition. Peeling paint, cracked, or loose plaster, missing tiles, decayed wood, and other defective surface conditions shall be eliminated.

If applicable:

- Landscaping - Grass and bushes must be kept with no overgrown or dead growth. Trees shall be maintained.
- Gutters/Trim/Siding - Shall be in good repair and properly secured to the building. No peeling or chipped paint or rotted wood permitted. All gutters shall be kept clean and clear of any obstructions.

We hope this handout helps make the inspection process go smoother and clears up any questions you may have. Any further questions, please call the Building Dept. at (708) 385-8642.



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CHIEF

## **“Be Fire Minded”**

Midlothian Fire Department – Fire Prevention Bureau

“Common Safety Issues”

- \* Aisles must be clear at all times
- \* Exit doors and hallways leading to them must remain clear from obstruction at all times.
- \* Exit doors must be marked with an illuminated exit sign.
- \* Exit doors must be able to be opened by any occupant in the event of an emergency without use of a key, tool or special knowledge on how to open the door (some occupancies will require “panic hardware”).
- \* Emergency lighting will operate when normal electrical power is shutdown
- \* Electrical wiring and related equipment will be installed and will operate according to electrical code standards. No extension cords will be allowed to operate any fixed device.
- \* All occupancies shall have approved fire extinguishers which shall be mounted (according to code) and be serviced annually by a licensed and certified company.
- \* A fire alarm system will be required for all businesses and, depending on the occupancy classification and related code, a sprinkler system may also be required.
- \* Any fire alarm or sprinkler system must be inspected annually by a licensed and certified company.
- \* All heating, ventilation and cooling systems will be in good working order.
- \* Flammable liquids will be stored in an approved container.
- \* All pressurized cylinders must be properly secured via chain to a wall.
- \* The building must be in good shape and free from any dangerous condition.
- \* A Knox Box shall be installed for every business (as well as other occupancies as defined by code) with a key inside it to open the business by the fire department.

The items listed above are meant to serve only as a brief summary of common safety issues. The Fire Prevention Bureau performs annual fire safety inspections that cover adopted Village and Fire Codes which may be more extensive than the list above. This list is not intended to replace or supersede any laws governing fire safety or other rules under the authority of the Midlothian Fire Department.

If you have any questions, please contact the Fire Prevention Bureau.

*14801 South Pulaski Road, Midlothian, IL 60445*

*(708) 489-4742 phone*

*(708) 389-2436 fax*