

# VILLAGE OF BRIDGEVIEW

7500 S. Oketo Avenue • Bridgeview, IL 60455

Phone: 708-594-2525 • Fax: 708-924-8095

## BUILDING DEPARTMENT

### APPLICATION FOR BUSINESS LICENSE

11/07

Fee:	Date Issued:	License No.:
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**PLEASE NOTE:** Any misrepresentations or falsification of the information sought below may result in denial or revocation of license applied for.

Name of Business:		Date Received:	
Business Address:			
Business Phone Number:		Emergency Phone Number:	
Illinois Retailers Occupation Tax Number: <b>NOTE: When applicable, Retailers Occupation Tax Number must be on this application or Business License will not be issued.</b>			
Nature or Type of Business:			
Building Status: <input type="checkbox"/> Change of Ownership <input type="checkbox"/> New Use <input type="checkbox"/> New Building <input type="checkbox"/> Remodeled <input type="checkbox"/> Renewal			
Name of Business Owner:			
Home Address:		City:	State:    Zipcode:
Home Phone:	Date of Birth:	Driver's License Number:	
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, State Year of Conviction:	Give Explanation:	
Status of Ownership: <input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Number of Employees:	Sale of Tobacco? <input type="checkbox"/> No <input type="checkbox"/> Yes
FOOD Service Establishment: Seating Capacity:	GASOLINE Station or Other Storage of FLAMMABLES: Storage Capacity in Gallons:	Number Off-Street Parking Spaces:	
Nature and Number of Coin-Operated Devices:			
Number	Type	Product Dispensed/Service Furnished	Name & Address of Owner of Device/Machine

It is understood that no business may commence unless and until approval has been granted the issuance of a business license. I agree to comply with all statutes and village ordinances and regulations relating to the above business.

\_\_\_\_\_  
Designate Signature as Owner/Proprietor or Manager

**FOR INTERNAL USE - SEE REVERSE SIDE FOR DETAILS**

DATE ISSUED	DATE RETURNED
BLDG..... <input type="checkbox"/>	BLDG..... <input type="checkbox"/>
P/W..... <input type="checkbox"/>	P/W..... <input type="checkbox"/>
FIRE..... <input type="checkbox"/>	FIRE..... <input type="checkbox"/>
HEALTH..... <input type="checkbox"/>	HEALTH..... <input type="checkbox"/>

## DEPARTMENTS RESPONSES

### BUILDING DEPT.

Approved

Denied

Restrictions: \_\_\_\_\_

If Denied, Give Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FIRE DEPT.

Approved

Denied

Restrictions: \_\_\_\_\_

If Denied, Give Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PUBLIC WORKS DEPT.

Approved

Denied

Restrictions: \_\_\_\_\_

If Denied, Give Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HEALTH DEPT.

Approved

Denied

Restrictions: \_\_\_\_\_

If Denied, Give Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_