

**City of Palos Hills  
Business License Application Form (11/12)  
10335 S Roberts Road  
Palos Hills, Ill. 60465  
(708) 598-3400**

The undersigned hereby makes (make) application for a Business License to operate a business in the City of Palos Hills, in the accordance with the Municipal Codes of the City of Palos Hills.

**1. If a corporation:**

Applicant's corporate name: \_\_\_\_\_

**(Attach copy of corporate papers with application)**

**If partnership:**

Applicant's full name \_\_\_\_\_

(if partnership, give names of all Partners in full, list on separate sheet if necessary)

Name under which business is to be conducted: \_\_\_\_\_  
\_\_\_\_\_.

**2. Location of place of business for which license is sought:**

\_\_\_\_\_  
(exact address by street & number)      (Zip Code)      (Phone #)

**3. Names of corporate officers as indicated by residential address and home phone number.**

President: \_\_\_\_\_

\_\_\_\_\_  
(Home address                      City, State & Zip                      Home phone #)

Drivers Lic.# \_\_\_\_\_                      D.O.B. \_\_\_\_\_  
(attach copy)

Vice-President: \_\_\_\_\_

\_\_\_\_\_  
(Home address                      City, State, Zip                      home phone)

Drivers Lic.# \_\_\_\_\_                      D.O.B. \_\_\_\_\_  
(attach copy)

Secretary: \_\_\_\_\_

\_\_\_\_\_  
(Home address                      City, State, Zip                      home phone)

Drivers Lic.# \_\_\_\_\_                      DOB \_\_\_\_\_  
(attach copy)

If Individual or Partnership

Full name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_  
Home phone: \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
**Attach copy of drivers license.**

Full name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_  
Home phone: \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
**Attach copy of drivers license.**

4. Does applicant own premises for which license is sought? \_\_\_\_\_  
If answering no, list building owner:

Building owners full name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home phone # \_\_\_\_\_

5. Does applicant have a lease on such premises for which license is sought? \_\_\_\_\_ If so, attach a **copy of subject lease**.

\_\_\_\_\_ Date of Fire Extinguisher's  
Total square footage of establishment/  
maximun seating capacity required if  
establishment is restaurant, or fast food or banquet hall

\_\_\_\_\_ Type of Business – Explain in detail  
Retailers Occupational Tax Number -  
State sales tax number – Illinois Business  
Tax number. **Attach copy**  
\_\_\_\_\_  
\_\_\_\_\_  
Hours of operation: \_\_\_\_\_  
Days of operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ am petitioning you to grant  
permission to operate said business in the City of Palos Hills, Cook County, State

of Illinois, from **May 1, 2011 to April 30<sup>th</sup>, 2012**. This petitioner does hereby agree to operate the aforesaid place of business in accordance with the Police and Fire Department regulations and Ordinances of the City of Palos Hills and the North Palos Fire Protection District now in full force and any that may be enacted during the duration of this license. I understand that a **Building Permit is required for any construction, alterations, remodeling or repair of any kind** in regards to **excavation, carpentry, electrical, plumbing or heating** done to the **inside or outside of the building** or on the **property itself**. I also understand the failure to comply with all of the above conditions will result in revocation of my license. That I will also transmit to the City Clerk a **Certificate of Inspection from the North Palos Fire Protection District** indicating that the premises licenses or proposed to be license comply with all applicable rules and regulations of the district.

Please check the following, as a separate application must be filled out if answering yes.

Yes \_\_\_\_\_ No \_\_\_\_\_ I will have vending machines located on my premises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Per our local licensing ordinance it shall be the duty of such licensee to post the Business License in a conspicuous place upon the licensed premises and affix vending tag(s) on the outer right side of any machine(s).

**Applications will not be processed unless all information is completed!**

**All license fees are due by April 30<sup>th</sup>, Non payment will result in a fine daily as per licensing ordinance.**

FOR OFFICE USE ONLY

YES \_\_\_\_\_ NO \_\_\_\_\_ Certificate of Inspection from North Palos Fire Dist.

YES \_\_\_\_\_ NO \_\_\_\_\_ Approval by the Commissioner of Building as to Compliance with Zoning Ordinance/Building Dept. – (Business located in Zoning B-1, B-2, B-3, M-1, M-2, or Special Use is required)

YES \_\_\_\_\_ NO \_\_\_\_\_ Pre-inspection required by Building Dept./copy attached

YES \_\_\_\_\_ NO \_\_\_\_\_ Health Inspection required