



VILLAGE OF  
**Midlothian**

14801 South Pulaski Road  
Midlothian, Illinois 60445  
Phone: (708) 389-0200  
Fax: (708) 389-0255  
[www.villageofmidlothian.net](http://www.villageofmidlothian.net)

*Office use only*

**LICENSE #** \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

## APPLICATION FOR BUSINESS LICENSE

Please complete this application. Missing information may delay the approval of your license. If you have any questions, please contact the Building Department at **708-385-8642** or e-mail [buildingdepartment@villageofmidlothian.org](mailto:buildingdepartment@villageofmidlothian.org).

### I. GENERAL INFORMATION

- A. OCCUPANCY TYPE: ☐ OPEN A NEW BUSINESS
- ☐ CHANGE OF OWNER
- ☐ RELOCATE FROM ANOTHER MIDLOTHIAN LOCATION
- ☐ CHANGE OF NAME / USE
- B. IS ANY WORK THAT REQUIRES A PERMIT NEEDED IN THE EXISTING SPACE? ☐ YES ☐ NO
- IF YES, PLEASE COMPLETE A BUILDING PERMIT APPLICATION AND SUBMIT BOTH APPLICATIONS.
- C. TENTATIVE DATE TO OPEN: \_\_\_\_\_ ☐ ALREADY OPEN

### II. BUSINESS INFORMATION

- D. BUSINESS NAME: \_\_\_\_\_
- DBA (if applicable): \_\_\_\_\_
- E. BUSINESS ADDRESS: \_\_\_\_\_
- MAILING ADDRESS (if different than business address): \_\_\_\_\_
- CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_
- F. PROVIDE THE NAME(S) OF ANY OTHER BUSINESS THAT OPERATES FROM THIS ADDRESS: \_\_\_\_\_
- G. SQUARE FOOTAGE OF TENANT SPACE: \_\_\_\_\_
- H. BUSINESS PHONE #: \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_
- WEBSITE: \_\_\_\_\_
- I. DESCRIBE BUSINESS ACTIVITY/PURPOSE/SERVICE: \_\_\_\_\_
- J. WILL YOUR BUSINESS MANUFACTURE, STORE OR SELL ANY TYPE OF HAZARDOUS MATTER? ☐ YES ☐ NO
- K. ILLINOIS BUSINESS TAX# (IBT): \_\_\_\_\_ FEDERAL ID# (EIN): \_\_\_\_\_
- L. NUMBER OF EMPLOYEES EXPECTED FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_
- M. HOURS OF OPERATION: \_\_\_\_\_

### III. BUSINESS OWNERSHIP

- N. TYPE: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION (attach Articles of Incorporation)
- O. NAME: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
LIST THE NAME OF ALL OWNERS, INCLUDING ADDRESSES, DRIVER'S LICENSE NUMBER, PHONE NUMBER AND EMAIL OF EACH PERSON ON PAGE 3.
- P. LOCAL CONTACT AGENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_
- Q. EMAIL: \_\_\_\_\_
- R. 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

- S. IS THE BUSINESS LEASING THE SPACE? ☐ YES ☐ NO  
IF YES, PROVIDE THE OWNER/LANDLORD NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ ☐ PROVIDE A COPY OF THE LEASE
- T. NAME OF RETAIL PLAZA: \_\_\_\_\_
- U. NUMBER OF PARKING STALLS FOR YOUR BUSINESS: \_\_\_\_\_

### V. INFORMATION

- V. DO YOU SELL MILK, ICE AND/OR FOOD PRODUCTS? ☐ YES ☐ NO
- W. DO YOU SELL TOBACCO GOODS? ☐ YES ☐ NO  
IF YES, WHICH TYPE: ☐ OVER THE COUNTER ☐ VENDING MACHINE
- X. ARE TRUCKS OR COMMERCIAL VEHICLES USED? ☐ YES ☐ NO IF YES, HOW MANY? \_\_\_\_\_
- Y. SERVICE STATIONS: \_\_\_\_\_ NUMBER OF GAS NOZZLES \_\_\_\_\_ TOW TRUCKS \_\_\_\_\_
- Z. NURSING/RETIREMENT HOMES: NUMBER OF BEDS \_\_\_\_\_
- AA. HOW MANY VENDING MACHINES (food/article)? \_\_\_\_\_ AMUSEMENT DEVICES (jukebox/pool table/skill game)? \_\_\_\_\_

I have read this application and answered all questions completely and truthfully to the best of my knowledge.  
I hereby apply for a permit to occupy the structure or part thereof herein described and a license to operate a commercial activity in the Village of Midlothian. If granted, I will comply with all requirements of the village ordinances related thereto and pay the fees requires by such ordinances.

I understand that any willful misrepresentation or falsification of the above statements may cause the rejection of my application, or if already issued, the revocation of my license.

Printed name: \_\_\_\_\_ ☐ Business owner ☐ Legal Agent  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### III. BUSINESS OWNERSHIP (continued from page 2)

LIST THE NAME OF ALL OWNERS:

NAME: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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