



VILLAGE OF
Midlothian

14801 South Pulaski Road
Midlothian, Illinois 60445
Phone: (708) 389-0200
Fax: (708) 389-0255
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.

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, CORPORETE OFFICER OR DIRECTOR EVER BEEN CONVICTED OF THE COMISSION 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: _____

NAME: _____ DRIVER'S LICENSE #: _____

HOME ADDRESS: _____ PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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