

REG. #



VILLAGE OF ALSIP

4500 WEST 123rd ST



LICENSE #

BUSINESS LICENSE APPLICATION

20____

NAME OF BUSINESS _____ NEW RENEWAL

ADDRESS OF BUSINESS _____ PHONE NO. _____

TYPE OF BUSINESS _____ CR CODE NO. _____

NAME OF EMERGENCY CONTACT _____ EMERGENCY PHONE NO. _____

NO. OF EMPLOYEES _____ SQ. FOOTAGE OF BUILDING _____

SALES TAX/OCCUPATION TAX NO. _____ FEDERAL I.D. NO. _____

EMAIL ADDRESS _____

LIST VENDING MACHINES

CR CODE	TYPE	COIN VALUE	STICKER #

LIST GAME OF SKILL, JUKE BOXES, POOL TABLES, CIGARETTES, OVER/COUNTER

CR CODE	TYPE	STICKER #

(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH LISTING.)

OWNER OF BUSINESS _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

OWNER OF BUILDING _____
(OWNER) (ADDRESS) (PHONE)

DATE APPLIED FOR LICENSE _____ LICENSE EXPIRES APRIL 30TH, 20 _____

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONED UPON COMPLIANCE WITH ALL VILLAGE ORDINANCES AND THE RESULTS OF ANY INSPECTION OF THE ABOVE PREMISES AT THE TIME OR ANY SUBSEQUENT INSPECTION WHILE THIS LICENSE IS IN FORCE.

DRIVERS LIC. # _____ SIGNATURE _____
(OWNER OR AGENT)

SOCIAL SECURITY # _____ DATE OF BIRTH _____

OFFICE USE ONLY

BUSINESS LICENSE FEE \$ _____ BUILDING _____ DATE _____

VENDING STICKER FEES \$ _____ HEALTH _____ DATE _____

TOTAL AMOUNT DUE \$ _____ POLICE _____ DATE _____

FIRE _____ DATE _____

PAYMENT REC'D _____
(VILLAGE CLERK) (DATE)

APPROVED _____ DENIED _____

SIGNATURE _____
(LICENSE CHAIRMAN) (DATE)



Alsip Fire Department
 12600 South Pulaski Road
 Alsip, IL 60803
 (708)385-6902 x239
 fireprevention@villageofalsip.org



Alsip Police Department
 4500 West 123rd Street
 Alsip, IL 60803
 (708)385-6902 x249
 rmerlo@villageofalsip.org

Business Information

NEW Business UPDATE for business Date:

(Full name including LLC, Inc, Association ...)

Business Name D/B/A:

Name on Village Business License:

Business Address:

Business Phone Number:

Business Email:

Type of Business: Office Restaurant/Banquet Retail Manufacturing
 Motel Service Warehouse Wholesale Other:

Mailing Address if different from above for Legal documents

Name:

Address:

City/State/Zip: Phone:

Property Management: (If applicable)

Name:

Address:

City/State/Zip: Phone:

Are Premises Leased ? YES NO

Owner of Building: Phone:

Address: City/State/Zip:

Is address of business associated with another business ? YES NO

If YES, list other business name(s):

Emergency Contacts for Business:

Name	Title	Phone	Key Holder	Cell - Home
1				<input type="checkbox"/> <input type="checkbox"/>
2				<input type="checkbox"/> <input type="checkbox"/>
3				<input type="checkbox"/> <input type="checkbox"/>

Emergency Building Owner Contact:

Name	Title	Phone	Cell - Home
1			<input type="checkbox"/> <input type="checkbox"/>
2			<input type="checkbox"/> <input type="checkbox"/>

Fire Alarm Monitoring Company: (If Monitored) Phone Number:

Burglar Alarm Monitoring Company: (If Monitored) Phone Number:

*Please contact us immediately with any changes to information

Effective: 12/1/2020



Alsip Fire Department

Storage Survey Form

Fire Prevention Bureau
FPO Joseph Schmitt
(708) 385-6902 x 237
Fax: (708) 371-6019

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

OWNER/CONTACT NAME _____

CONTACT PHONE NUMBER _____

TYPE OF PRODUCT _____

TYPE OF MATERIALS	<input type="checkbox"/> FLAMMABLES		
<input type="checkbox"/> DIESEL	<input type="checkbox"/> GASOLINE	<input type="checkbox"/> KEROSENE	<input type="checkbox"/> OTHER: _____

HOW STORED ON FLOOR PALLETIZED ON RACKS
ENCAPSULATED YES NO 4 SIDES OF 5 SIDES

RACK STORAGE SINGLE ROW DOUBLE ROW MULTIPLE ROW

SHELVES NONE SOLID WIRE
RACK WIDTH _____ FT _____ IN
FLUE SPACE _____ IN
AISLE WIDTH _____ FT _____ IN

IN-RACK SPRINKLERS YES NO
SIZE AND TEMP RATING OF SPRINKLERS _____ F _____ SIZE OF ORIFICE

CURRENT DENSITY _____
COLUMN PROTECTION YES NO
DIMENSIONS OF AREA STORING PRODUCT _____ FT X _____ FT

HEIGHT OF STORAGE _____ FT
BLDG HEIGHT _____ FT _____ BLDG SIZE _____ SQ FT

TYPE OF CONSTRUCTION _____

DISTANCE BETWEEN SPRINKLERS _____ FT _____ IN
DISTANCE BETWEEN LINES _____ FT _____ IN

BRANCH LINE SIZING _____
FIRE PUMP YES NO

CROSS MAIN SIZING _____

**VILLAGE OF ALSIP
APPLICATION FOR ZONING CERTIFICATE**

APPLICATION # _____

DATE OF APPLICATION

_____/_____/_____

THIS APPLICATION IS FOR: **BUSINESS LICENSE** **BUILDING PERMIT**

SECTION A. ZONING INFORMATION

Owner of Business _____ Phone # _____

Owner of Property _____ Phone # _____

Address of Property _____

Current Zoning Classification _____

- | | |
|---|--|
| <input type="checkbox"/> Request for zoning change
<input type="checkbox"/> Residential R-1, R-2, R-3
<input type="checkbox"/> Commercial B-1, B-2, B-3 | <input type="checkbox"/> Request for special use permit
<input type="checkbox"/> Industrial 1-2, 1-2, 1-3
<input type="checkbox"/> Special Use S-1 Development
<input type="checkbox"/> Other _____ |
|---|--|

SECTION B. BUILDING PERMIT INFORMATION

Information Required

Name of contractor applying for building permit _____

Current Plat of Survey must be submitted with the application showing heights, sizes, locations, off street parking and loading areas on this property (including signs and fences). List number of parking spaces available. Setbacks of all structures must be clearly marked. If this is vacant property, write: "vacant" on Plat of Survey. (Plat of Survey must have a legal description.)

1. Give brief description of proposed construction _____
 2. List square footage & height of all existing structures on property _____
 3. List square footage & height of all proposed structures _____
- _____

I HEREBY ATTEST THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT _____ **DATE** _____

SECTION C. COMMERCIAL & INDUSTRIAL BUSINESS LICENSE INFORMATION

1. Give brief description of type of business _____
2. List maximum number of employees _____
3. Estimate number of people in building at one time including employees _____
4. Does this type of business require any additional State or Federal permits/licenses?

5. Does proposed business involve manufacturing? If yes, give brief description of product.

6. Does proposed business involve emission of any odor, dust, gas, fumes, smoke, noise or vibration?

7. Does proposed business generate any hazardous waste material? If yes, give brief description.

I HEREBY ATTEST THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT _____ **DATE** _____

OFFICE USE ONLY

Determination of Zoning Administrator

- Zoning application approved - Zoning Certificate will be issued within 5 days.
- Zoning application denied for the following reasons: _____
- _____