



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 \_\_\_\_\_

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)

**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<br><input type="checkbox"/> Residential R-1, R-2, R-3<br><input type="checkbox"/> Commercial B-1, B-2, B-3 | <input type="checkbox"/> Request for special use permit<br><input type="checkbox"/> Industrial 1-2, 1-2, 1-3<br><input type="checkbox"/> Special Use S-1 Development<br><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: \_\_\_\_\_