



ORLAND PARK

DEVELOPMENT SERVICES DEPARTMENT
14700 RAVINIA AVENUE
ORLAND PARK, IL 60462
708-403-5300

BUSINESS LICENSE APPLICATION

FAX: 708-403-6215
developmentservices@orlandpark.org
www.orlandpark.org

License # _____

The Freedom of Information Act (FOIA) Any information provided on this form that is not noted as personal is subject to the Freedom of Information Act and may be released as part of a document request.

Business Name: _____

DBA: Same as business _____

Physical Address: _____ Suite/Unit/Apt: _____ Zip: _____

Mailing Address: Same as physical _____

Business Phone: _____ Business Email: _____

Emergency Contact Name & Phone: _____

Building Use: Retail Office Medical Industrial Storage Other

Business: New Change of ownership Change of location Change of name ONLY

Ownership: LLC Partnership Sole Proprietorship Corporation

Detailed description of business: _____

Date business intends to open: _____ Square Footage: _____ EIN: _____

Employees: F/T _____ P/T _____ Parcel Identification Number (PIN) _____

Will this business be...
selling pre-packaged food? Yes No
handling or preparing food? Yes No
providing massage therapy? Yes No
selling or serving liquor? Yes No **If yes, contact Mayor's Office 708.403.6160**
selling any type of tobacco/nicotine products? Yes No
manufacturing, storing or selling any type of hazardous materials? Yes No

Will this business have any...
vending machines anywhere on the premises including in employee break rooms (e.g. soda, snacks)? Yes No If yes, # _____
amusement devices (e.g. kiddie rides, claw drop, pinball)? Yes No If yes, # _____
juke box or other type of music box? Yes No If yes, # _____

Owner #1 Name:	Driver's License #
Personal Home Address:	
Home City, State, Zip:	
Personal Mobile #:	Personal Email:
Owner #2 Name:	Driver's License #
Personal Home Address:	
Home City, State, Zip:	
Personal Mobile #:	Personal Email:

If property is leased - Property Management Company:	
Phone #	Email:
<p>APPLICABLE VILLAGE CODES</p> <p>This license is granted on the express condition that the said commercial business shall, in all respects, conform to all Ordinances of this jurisdiction including the Land Development Code, regulating the occupancy and use of buildings, and may be revoked at any time upon violation of any provision of said ordinances.</p> <p>ANNUAL LICENSE INSPECTIONS</p> <p>It is agreed that authorized inspections will be allowed as prescribed by ordinance.</p> <p>MASSAGE SERVICES</p> <p>Any business offering massage services must first apply with the Orland Park Police Department for a background check, upon approval, an application for occupancy/license to operate can be filed with the Development Services Department.</p> <p>LIQUOR LICENSES</p> <p>Liquor licenses should be applied for separately through the office of the Mayor/Liquor Commissioner.</p> <p>OTHER LICENSES</p> <p>Additional license applications are required for Vending Machines, Tobacco Sales, and Amusement Devices.</p> <p>FALSIFICATION OF INFORMATION</p> <p>Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For more information or questions, please call the Development Services Department.</p> <p>A BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES</p> <p>I understand the issuance of this license is conditional upon compliance with all Village Ordinances, State and Federal law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force.</p> <p>I have read this application and answered all questions completely and truthfully to the best of my knowledge.</p>	

<p>The undersigned hereby applies to the Development Services Department of the Village of Orland Park, IL for a permit to occupy the structure or part thereof herein described and a license to operate a commercial activity in the Village, and if granted the permit and license applied for, I will comply with all requirements of the village ordinances relating thereto and pay the fees required by such ordinances. I have read and understand terms, conditions and requirements listed in this application.</p>		
_____	_____	_____
Printed name of business owner or agent	Signature	Date
This information will be kept confidential to the extent permitted by law.		