



ORLAND PARK

DEVELOPMENT SERVICES DEPARTMENT
14700 RAVINIA AVENUE
ORLAND PARK, ILLINOIS 60462
708-403-5300
FAX 708-403-6215
developmentsservices@orlandpark.org
www.orlandpark.org

BUSINESS LICENSE APPLICATION

Legal Business Name:			
Doing Business As (DBA):			
Orland Park Address:		Unit/Suite:	Zip:
Business Phone:		Business Fax:	
Square Feet:		PIN:	
<input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Medical <input type="checkbox"/> Food <input type="checkbox"/> Storage <input type="checkbox"/> Industrial <input type="checkbox"/> _____			
This Business Location is: <input type="checkbox"/> New <input type="checkbox"/> Already Open Change of: <input type="checkbox"/> Ownership <input type="checkbox"/> Name <input type="checkbox"/> Use			
Open Date: (MM/DD/YYYY)	EIN:	# Full-Time Employees	# Part-Time Employees
General Description / Purpose of Business:			
Choose Type of Business / Business Classification:			
<input type="checkbox"/> Agency	<input type="checkbox"/> Assembly	<input type="checkbox"/> Attorney	<input type="checkbox"/> Auction
<input type="checkbox"/> Barber	<input type="checkbox"/> Bowling	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Contractor
<input type="checkbox"/> Consignment	<input type="checkbox"/> CPA	<input type="checkbox"/> Distributor	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Financial	<input type="checkbox"/> Food Service	<input type="checkbox"/> Funeral Home	<input type="checkbox"/> Headquarters
<input type="checkbox"/> Health Club/Gym	<input type="checkbox"/> Home Health	<input type="checkbox"/> IT	<input type="checkbox"/> Laboratory
<input type="checkbox"/> Laundry/Dry Cleaner	<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Marketing
<input type="checkbox"/> Media	<input type="checkbox"/> Medical	<input type="checkbox"/> Pet	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Property Management	<input type="checkbox"/> Rental	<input type="checkbox"/> Retail	<input type="checkbox"/> Salon
<input type="checkbox"/> School	<input type="checkbox"/> Service	<input type="checkbox"/> Storage	<input type="checkbox"/> Supply
<input type="checkbox"/> Towing	<input type="checkbox"/> Transportation	<input type="checkbox"/> Vending	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Wholesale	<input type="checkbox"/> AUTO		
Add more detail to choice above, examples: Retail – Men’s clothing; School- Tutoring – Ages 5-12; Salon – Hair; Pet – Grooming; Medical – Optometrist; Medical – Social Work – Counseling; Auto – Body shop.			
Mailing Address for Invoices/ Correspondence <input type="checkbox"/> Mail to Orland Park Business	Business/Name:		
	C/O or Attention To:		
	Address:		Apt/Suite:
	City/State/Zip		

Email Address for Correspondence:
Business On Site Contact Name & Title:
After hours Contact Name & Phone #:
Business Days and Hours of Operation:

YES NO

- Will any pre-packaged food be sold? [health inspections may be required]
- Will any food be prepared or handled on site? [health inspections required]
- Will massage therapy be provided? [background check required]
- Will any alcohol be sold or served? [Contact 708.403.6160 for additional license]
- Will any type of nicotine product be sold? [separate license required]
- Will there be any manufacturing, storing or sales of any type of hazardous materials?
- Will any type of vending machine be on site? [separate license required]
- Will any type of amusement device be on site? [separate license required]
- Will any type of juke box be on site? [separate license required]

Is the Business located in a stand-alone building/structure?

If No, Name of Center/Complex: _____

Does the Business buy or sell used merchandise?

Is the Business leasing the space?

If Yes, give the name of either Building/Property Owner or Landlord/Management Company:

Name:	
Email:	Phone:
Address:	
City/State/Zip	

Business Ownership:

Individual/Sole Proprietor or Partnership (use separate sheet if needed)

Owner #1 Legal Name:	
Email:	
Home Address:	
Home City/State/Zip	
Cell Phone:	Driver's License #:
Owner #2 Legal Name:	
Email:	
Home Address:	
Home City/State/Zip	
Cell Phone:	Driver's License #:

Corporation or Non Profit *List all Partners or Principal Officers on a separate sheet.*

If this is an **LLC or LTD**, provide the names, addresses and percentage of ownership held by each member. If this is a **Corporation**, provide the names and addresses of all persons holding three percent (3%) or more of the stock of the corporation and the percentage of ownership held by each member.

Registered Agent:	
Email:	Phone:
Address:	
City/State/Zip	
Corporate Name:	
Corporate Email:	Phone:
Corporate Address:	
City/State/Zip	

APPLICABLE VILLAGE CODES

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.

ANNUAL LICENSE INSPECTIONS

It is agreed that authorized inspections will be allowed as prescribed by ordinance.

MASSAGE SERVICES

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.

LIQUOR LICENSES

Liquor licenses should be applied for separately through the office of the Mayor/Liquor Commissioner.

OTHER LICENSES

Additional license applications are required for Vending Machines, Tobacco Sales, and Amusement Devices.

FALSIFICATION OF INFORMATION

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.

A BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES

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.

I have read this application and answered all questions completely and truthfully to the best of my knowledge.

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.

Business Owner

Agent

Printed name: _____

Signature: _____ Date: _____

Village Use:	Reviewed By:	<input type="checkbox"/> Fee Exempt – Classification _____	BL-
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This information will be kept confidential to the extent permitted by law.