



Business Registration Application

The Village of Oak Park
Village Hall
123 Madison Street
Oak Park, Illinois 60302-4272

708.358.5678
Fax 708.358.5108
clerk@oak-park.us
www.oak-park.us

Business Information

| | | | |
|--|-------------------|--------|-----|
| Business Legal Name | Doing Business As | | |
| Oak Park Business Address | City | State | Zip |
| Mailing Address (If different than business address) | City | State | Zip |
| Headquarters Address (If applicable) | City | State | Zip |
| Business Phone | Emergency Phone | E-mail | |
| Illinois Tax No. | Business FAX | | |

Describe the nature of your business: _____

Form of business Corporation Partnership Limited Liability Corporation Sole Proprietor
 For Profit Not-for-Profit (Attach copy of State Form 501c)

Projected Opening Date _____ (MM/DD/YYYY) Number of Employees _____ Number of Rooms _____ Square Feet _____ Parking Spaces _____

Yes No Is the owner of the business also the owner of the building?
 Yes No Will hazardous/flammable/combustible materials will be stored on site? If yes, Fire Department permit required.
 Yes No Will a vending or video machine be on site? If yes, describe: _____
 Yes No Will food service be provided on site?
 Yes No Will alcohol be served on site (including complimentary alcohol)?
 Yes No Would you like a free Police security survey?

Owner/Operator Information

Owner's Name _____ (First/Middle/Last) Home Phone _____ E-mail _____

Home Address _____ City _____ State _____ Zip _____

Birthdate (MM/DD/YYYY) _____ Social Security No. _____ Driver's License No. _____ State _____

Co-Owner's Name _____ (If applicable) (First/Middle/Last) Home Phone _____ E-mail _____

Home Address _____ City _____ State _____ Zip _____

Birthdate (MM/DD/YYYY) _____ Social Security No. _____ Driver's License No. _____ State _____

Contact Person _____ (If applicable) (First/Middle/Last) Job Title _____

Home Phone _____ E-mail _____

Home Address _____ City _____ State _____ Zip _____

Birthdate (MM/DD/YYYY) _____ Social Security No. _____ Driver's License No. _____ State _____

Yes No

Have you or anyone involved in this business ever been convicted of any business, misdemeanor or felony criminal offense?

If yes: When _____ Where _____
(MM/DD/YYYY) City State Zip

Describe offense: _____

I, the undersigned, understand that I may not open or operate this business until approval has been given by the appropriate Village Departmental staff and a license issued by the Village Clerk.

Prepared by: _____
Print name Signature Date

PLEASE NOTE:

- All applicable information on this application must be provided.
- Any falsehood or omission, whether intentional or unintentional, may be cause to refuse or suspend any business license(s).
- \$50 non-refundable application fee is required at time of submission.
- Applications may remain open for only one year.
- Type or print this application clearly. Unreadable applications will be returned for resubmission and will delay processing.