City of Palos Hills
Business License Application
May 1, 2025 to April 30, 2026
10335 S. Roberts Road
Palos Hills, IL 60465
(708) 598-3400

New Business_____ Renewal_____

I (we) the undersigned, hereby make an application for license under and by virtue of the ordinances of the City of Palos Hills for conducting a business as follows:

1. Business Information

Business Name (dba): _____

Business Address: _____ Suite(s)/Unit(s) #: _____

Business Phone #: _____ Business E-Mail: _____

Description of Business: _____

EIN #: _____ SALES TAX / IBT #: _____
(Attach copy of paperwork) (Attach copy of certificate)

Total Square Footage: _____ Date Fire Extinguisher(s) Serviced: _____

Maximum Seating Capacity: _____ (Applies to: Restaurants, Banquet Halls, Bars, Café, & Fast Food Establishments)

Hours of Operation: _____ Days of Operation: _____

****Does your business require a local, state, or federal license of any kind other than a general business license?**
Yes No (If yes, attach a copy of each required license)

2. Business Owner Information

Sole Proprietor Partnership Corporation/LLC
If applicant is a firm, give name and address of all partners.
(If a corporation, provide name and address of President and Secretary and **Attach copy of Corporate Papers**)

Name: _____ Name: _____

Title: _____ Title: _____

Home Address: _____ Home Address: _____

_____ _____

Phone #: _____ Phone #: _____

Driver's License #: _____ Driver's License #:_____
(Attach Copy) (Attach Copy)

Date of Birth: _____ Date of Birth: _____

2a. Corporation/LLC Information

Corporate Name: _____

Corporate Address: _____

_____

Corporation Phone: _____Corporation E-Mail: _____

☐ *PLEASE CHECK THIS BOX IF INVOICES ARE TO BE SENT TO THE CORPORATE LOCATION*

3. Building Owner Information

Building Owner's Name: _____

Home Address: _____ City: _____ _____

State: _____ Zip: _____ Home/Cell Phone #: _____

Does the applicant have a lease on such premises for which business license is sought? Yes or No
If so, please ATTACH a copy of the LEASE (Circle One)

**EMERGENCY 24 HOUR Maintenance Contact Person: _____ Phone: _____

4. Vending Machines (If not applicable, write "N/A")

Vending Machine means any mechanical, electric, or electronic, self-service device which, upon insertion of money, tokens, or any other form of payment, dispenses a product.

Type	# of Machines	Vending Company/ Servicer	Vending Company/Servicer Address	Vending Co. Phone #
Vending (Drink/Food/Snack/Candy)				
Toy / Sticker/ Crane Games				
Air Machines				
Dispensers (Soap, Softener, Ect.)				
Pool Table				
Juke Box				
Dart Machine				

5. Please complete any information pertaining to your particular business (If not applicable, write "N/A")

Type	# Of	Type	# Of
Bowling Alley: # of Lanes		Laundromat: # of Washers	
Barber/Salon: # of Chairs		Laundromat: # of Dryers	

6. Food Handling Establishments

(Name, Address, Phone # and License # of person having a sanitation license (as required by the State of Illinois):

ATTACH a copy of license

Name: _____ Phone #: _____

License #: _____ License Expiration: _____

I, _____, am petitioning you to grant permission to operate said business in the City of Palos Hills, Cook County, State of Illinois, from **May 1, 2025 to April 30, 2026**. This petitioner does hereby agree to operate the aforesaid place of business in accordance with the Police and Fire Department regulations and Ordinances of the City of Palos Hills and the North Palos Fire Protection District now in full force and any that may be enacted during the duration of this license. I understand that a **Building Permit is required for any construction, alterations, remodeling or repair of any kind** done to the **inside or outside of the building** or on the **property itself**. I also understand the failure to comply with all of the above conditions will result in revocation of my license.

Per our local licensing ordinance it shall be the duty of such licensee to post the Business License in a conspicuous place upon the licensed premises and affix vending tag(s) on the outer right side of any machine(s).

Applications **WILL NOT** be processed unless all information is completed and may cause a delay in the issuance of your Business License.

_____ _____

Applicant's Signature Date