



Village of Chicago Ridge

10455 S. Ridgeland Ave • Chicago Ridge, Illinois 60415 • (708) 425-7700

Kiosk
Business License
Application

Date _____

Legal Name: _____

DBA: _____

Corporation: Yes ☐ No ☐ LLC: Yes ☐ No ☐ Sole Proprietor: Yes ☐ No ☐

Business Phone: _____ Business/Owner E-mail: _____

Business Location: _____ City: _____ Zip: _____

Billing Address: _____ City/State: _____ Zip: _____

Sales Tax # (8 digit number with a dash): _____

Manager's Name: _____ Manager's Phone: _____

Business Owner: _____ Owner's Phone: _____

Owner's Address: _____ City/State: _____ Zip: _____

Describe Type & Operation of Business: _____

Prior Business in Chicago Ridge: ☐ Yes ☐ No Seasonal: ☐ Yes ☐ No Time Period?: _____

Tentative Business Open Date : _____

Cigarette Sales: ☐ Yes ☐ No Vending Machines: ☐ Yes ☐ No Total Number: _____

License fees must be paid at time of application submittal. All new businesses must attend a Village Board meeting for Board Approval prior to the business opening. The signature below indicates full examination of this completed form.

Any misrepresentation or falsification of the information sought may result in revocation of the license granted.

Applicant Signature _____

Date _____

***** FOR OFFICE USE ONLY*****

BUSINESS LICENSE FEE: \$75.00

MEETING: Board Meeting attendance not required

OCCUPANCY FEE: N/A

INSPECTION FEE: \$25.00

APPROVED: _____

HEALTH INSPECTION FEE: _____

LICENSE #: _____

TOTAL AMOUNT DUE: \$100.00

COMMENTS: _____

Renewal Amount Due by April 30th: \$125.00
(Unless otherwise indicated)

STATUS: IDOR: _____ Secretary of State: _____

REPORTS: Building: _____ Fire: _____ Health: _____



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Chicago Ridge Fire Department

10063 Virginia Ave, Chicago Ridge, IL 60415
Business (708) 857-4454 Fax (708) 857-4463



Chicago Ridge Police Department

10425 S. Ridgeland Ave, Chicago Ridge, IL 60415
Business (708) 425-7831 Fax (708) 857-4460

Date: _____

Owner Email: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Type of Business: _____

Owner Name: _____

Owner Phone: _____

Owner Address: _____

Business Insurance Carrier: _____

Company/Agent Address: _____

Company/Agent Phone: _____

Building Owner (if different): _____

Address: _____

Phone: _____

Hours of Operation:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

**** Please notify the Village Hall of any changes made to the information above ****



Village of Chicago Ridge
10455 S. Ridgeland Ave.
Chicago Ridge Illinois 60415
708-425-7700 FAX 708-425-9942

KIOSK

Dear Business Owner / Manager,

After applying and paying for a business license make sure to schedule an inspection once you are set up to operate your business.

Building Department Inspection

Rich Sumner - Building Commissioner

Please call *Cathy* at (708) 425-7700 or email at cyoung@chicagoridge.org

*Upon completion of all the above inspection(s), you will be able to officially open and/or continue to operate your business.

* Please allow up to 2 weeks for licensing officer to deliver your license to your business location.

I have read & understood the procedures above (please sign):_____

**Business Licensing Department
(2025)**