Guide to Opening A New Business in Palos Heights

Check the Zoning

Zoning Classifications for Business

- B Business: Primarily retail uses
- B-1 Business: Primarily service uses
- PUD Planned Unit Development: Retail or service depending on ordinance, verify with city

Use Permitted

Contact Community Development
- Submit a proposal for new business
- Verify process for opening business

Use Not Permitted

Contact Community Development
- For help finding other sites in city
- Or apply for Zoning Amendment

Step 1: Zoning Commission
- After required 15 day public notice
- Public hearing, makes decision

Special Use

Contact Community Development
- Apply for Special Use
- Process takes 4-6 weeks

Step 1: Zoning Board of Appeals
- After required 15 day public notice
- Public hearing, makes decision

Step 2: Planning & Zoning Committee
- *Meets 4th Tuesday of month*
- Reviews ZBA/ZC decision

Step 3: City Council
- *Meets 1st and 3rd Tuesday of the month*
- Approves and drafts ordinance allowing for special use or zoning amendment

If Approved

Will need:
- *Occupancy Permit*
- *Business License*

May need:
- Building Permits
- Contractor Licenses
- Liquor License

Contact Building Department
- Community Development can facilitate

Obtain Commercial Occupancy Permit

Pass Inspections:
- Building • Fire • Plumbing • Electrical
- Cook Count Health, if serving food

Obtain Business License
- Cost based on square footage
- Additional fees if serving food
- Additional req. if serving liquor

Open Your Business
- Contact the Community Development Department at 708-480-3022 if you are interested in marketing your business through the city's many avenues of promotion

COMMERCIAL OCCUPANCY ACKNOWLEDGEMENT

I, the undersigned business owner or agent thereof, for _____ opening at _____, understand and acknowledge the following:

- Payment of $150.00 for the Commercial Occupancy Permit allows for items to be moved into the space to set up for business.
- The business must be set up and be completely ready to operate before the inspections can take place.
- After set up I will call 708-361-1804 and have the Building Department coordinate and schedule required Building, HVAC, Electric, Plumbing and Fire inspections. If selling or serving food, Cook County Health Department will also inspect.
- I may only operate business after the inspections are completed and approved, and a Certificate of Occupancy is issued to me. If a Business License is required, it shall also be paid for and will be issued with the Certificate of Occupancy.
- Both the Business License and Certificate of Occupancy are required to be displayed at the business once opened.

_____	_____	_____
PRINT NAME	SIGNATURE	DATE

City of Palos Heights Deputy City Clerk
7607 W. College Dr.
Palos Heights, IL 60463
708-480-3003
jtomaszewski@palosheights.org

Business License Application

www.palosheights.org

☐ New Business ☐ New Owner ☐ Renewal Prospective Opening Date ___/___/___

Business Name _____

Business Address _____ City _____ State _____ Zip _____

Business Phone # _____ Business Fax # _____

Email Address _____

Principal BusinessActivity _____

Briefly Describe the Business _____

_____

_____

Federal Employer I.D. # _____ Illinois Sales Tax # _____

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation

Corporate Name _____

Corporate Address _____ City _____ State _____ Zip _____

Corporate Phone # _____ Corporate Fax # _____

Billing/ Alternate Address (If different than business address above):

Address _____ City _____ State _____ Zip _____

Are the premises owned or leased? ☐ Owned ☐ Leased

Name of premises owner _____

Address _____ City _____ State _____ Zip _____

Does your business require a local, state, or federal license of any kind other than a general business license? ☐ Yes ☐ No If yes, attached a copy of each required license.

Square footage of premises _____ Number of Employees _____

Number of seats (if applicable) _____

Elevators: □ Yes □ No How Many _____

Will there be pool tables on the premises? □ Yes □ No How Many _____

Does your business serve food products? □ Yes □ No
If yes, please provide the following:

NAME OF SANITATION LICENSE HOLDER	LICENSE NUMBER	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your business sell cigarettes? □ Yes □ No

If yes, please indicate manner of sales type: □ Over the Counter □ Machine

Coin-operated, electronic amusement, or vending machines? □ Yes □ No
If yes, please provide the following:

TYPE OF VENDING/ COIN-OPERATED MACHINE	**QUANTITY**

If the business does not own the machines, please provide the name and address of vending company: _____
_____

I/we hereby certify that all of the information contained in this application for a Business license is true and correct. Further, that any false information provided for in this application shall be grounds for revocation of the license as well as any other penalties provided by law.

In addition, the undersigned herewith makes this application for license to conduct such business as is hereafter designated on the City of Palos Heights in accordance with the Police Regulations and Ordinances of said City now in force and any others that may be enacted during the duration of the license.

_____ _____ _____
Applicant's Signature Title Date

COMMERCIAL OCCUPANCY PERMIT APPLICATION

Palos Heights Building Department
7607 W. College Drive
Ph: (708) 361-1804 Fax: (708) 923-7112
building@palosheights.org

APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORTING DOCUMENTS

REAL ESTATE TAX I.D. #: _ _ - _ _ - _ _ _ - _ _ _

PROSPECTIVE OPENING DATE:
_____/_____/_____

IS THERE ANY REMODELING INVOLVED?
☐ YES ☐ NO

LOCATION OF BUSINESS

ADDRESS _____

BUSINESS NAME _____ **LOT** _____

BUSINESS OWNER

NAME _____ **PHONE NUMBER** _____

HOME ADDRESS _____ **EMAIL** _____

PROPERTY OWNER

NAME _____ **PHONE NUMBER** _____

HOME ADDRESS _____ **EMAIL** _____

Plumbing, Electrical, Fire Protection District, Cook County Health & Building Department inspections are required prior to issuance of Business License and Certificate of Occupancy. RPZ Valves must be installed in each unit of a building prior to Plumbing Inspection.

Separate permits are required for all remodeling and signage.
Call Building Department for inspections. 24 Hour Notice Required.

I hereby declare that the above information is correct, and I do agree, in consideration of and upon issuance of a building permit, to perform only such work as described herein. I further declare that I am the owner, his contractor or authorized agent and have permission from the owner to apply for this permit.
I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.

Print Name _____ Signature of Applicant _____
Date _____

BUILDING DEPARTMENT USE ONLY

Building Permit Number: _____

APPROVED BY: _____

Building Permit Fee: **$150.00**

Date Approved: _____

ZONING REVIEW APPLICATION

Palos Heights Zoning Department
7607 W. College Drive
Ph: (708) 480-3022
aingalls@palosheights.org

APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORTING DOCUMENTS

Property Information

ADDRESS:_____

PIN: _ _ - _ _ - _ _ _ - _ _ _ - _ _ _ _

PROPERTY OWNER

NAME _____ **PHONE NUMBER** _____

HOME ADDRESS _____ **EMAIL** _____

TENANT (If Applicable)

ADDRESS _____

BUSINESS NAME _____**LOT** _____

Is the business relocating from an existing location? Yes _____ No_____

If yes, address of existing location: _____

PROPOSED BUSINESS AND USE OF BUILDING / PREMISES

Attach additional documentation as necessary.

1. **Describe in detail the applicant's intended use for the above mentioned Building/space:** _____
   _____
   _____

   Estimated Percent (%) use by floor area: (include all that apply)

   ___ Retail Sales Area ___ Restaurant Seating Area ___ Kitchen/Service/Storage Area

   ___ Residential ___ Automotive Repair ___ Accounting/Finance/Insurance Offices

   ___ Medical Offices ___ Medical Examination Rooms ___ Client Services (barber/salon/nail/spa)

   ___ Studio/Training ___ Education ___ Wholesale

   ___ Manufacturing ___ Other (describe use): _____

2. **Please indicate if any of the listed services will be provided at the proposed establishment:**

   ___ Handle or Prepare Food ___ Outdoor Seating ___ Sell or Serve Alcoholic Beverages

   ___ Sell or Serve Tobacco ___ Tanning Services ___ Massage Therapy

   ___ Other Unique Sales/Services (describe): _____

COMMERCIAL USE

3. Hours of Operation:_____

_____

4. Occupancy Information – Number of FTE Employees: _____ **Customer/Client Floor Area:** _____

5. Professional Accreditations: If business or use requires professional licensing or certification, list licensed and certified persons to be employed and indicate the amount of time each person will be located on site.

_____

_____

_____

_____

_____

DESCRIPTION OF BUILDING / PREMISES TO BE OCCUPIED / LEASED

Square Feet leased/ occupied: _____ Planned opening date: _____ Off-street parking spaces: _____

1. Does the building or premises have a fire sprinkler system? Yes _____ No _____

2. Describe the prior use of the space to be occupied: _____

3. Are modifications required for building/ premises? (walls, ceilings, floors, mechanicals, electric, plumbing)
Yes _____ No _____
If YES, attach a completed Application for Plan Examination & Building Permit, and all required plans for review.

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I realize that the information I have affirmed hereon establishes a basis for zoning review in connection with a possible future Certificate of Occupancy.

I acknowledge that this Application is not a Building Permit, Business License, or authorization to proceed with improvements or business operations, and the sole purpose of this Application is to describe the proposed business and use for purposes of a Zoning Review, and the City may require additional information for a possible Occupancy Permit. I am aware that occupancy of the Premises shall not occur until such time that a final inspection is made and passed, and a Certificate of Occupancy has been issued.

_____ _____

Applicant's Signature Date

CITY USE ONLY

Zoning review

Current Zoning: _____ Required Zoning: _____ Use allowed per current zoning: Yes ___ No ___

Notes: _____

_____

_____

_____

_____

Reviewed & Approved By: _____ Date: _____

Please return to City of Palos Heights

CITY OF PALOS HEIGHTS

7607 W. College Drive
Palos Heights, IL 60463
(708) 361-1800

POLICE DEPARTMENT FILE

BUSNIESS EMERGENCY CONTACT INFORMATION
(ALL INFORMATION IS CONFIDENTIAL – THIS WILL BE USED IN AN EMERGENCY ONLY)

PLEASE PRINT

Name of Business_____Type of Bsns:_____

Address_____Suite #_____

Business Phone No._____Business Fax No._____

Name of Property Owner_____

Home Address_____City_____State_____Zip : _____

Home Phone No._____Cell Phone No._____

Name of Business Owner_____

Home Address_____City_____State_____Zip : _____

Home Phone No._____Cell Phone No._____

Please list the names in order that you wish to be contacted in the event of after hour's emergency:

NAME	ADDRESS	HOME PHONE	CELL PHONE

Business Hours:

Monday _____to_____
Tuesday _____to_____
Wednesday _____to_____
Thursday _____to_____
Friday _____to_____
Saturday _____to_____
Sunday _____to_____

Name of Alarm Company_____

Address_____Phone No._____

Additional Comments (ie: guard dogs, weapons, safe on premises, fire alarm system, etc.)

_____

_____

Prepared by_____Date_____