Village of
Elmwood Park

11 Conti Parkway
Elmwood Park, IL 60707
Phone: (708) 452-7300
Fax: (708) 453-8816

Business License No:_____

Date:_____ **Year Ending:**_____

Date Paid:_____ **Fee:**_____

Date Entered:_____ **Initials:**_____

BUSINESS LICENSE APPLICATION

Business License ☐

Approved / Disapproved

Initials _____

The undersigned hereby applies for a license for:_____

TRADE NAME OF BUSINESS_____

ADDRESS OF BUSINESS:_____ **BUS PHONE:**_____

APPLICANT"S FULL NAME:_____ **PHONE NO.**_____

Address:_____ City:_____ Zip:_____

Tax I.D. No: _____ IBT No:_____

Connection of Applicant with Business:_____

Describe Nature of Operations; In Detail:_____

_____

_____

If Restaurant: Seating Capacity:_____ Floor Area:_____ No. of Rooms:_____ Type:_____

List Total Number of Coin Operated Machines: _____ (Separate licenses must be obtained for any coin operated machines)

Type(s):_____

Complete this Section (Please Check one) Proprietorship ☐ Partnership ☐ Limited Partnership ☐ Corporation ☐

Following Information on Partners or Officers Must Be Given:
Additional pages may be added if necessary.

Name: _____ Date of Birth: _____

Title: _____

Home Address: _____ Home Phone:_____

Name: _____ Date of Birth: _____

Title: _____

Home Address: _____ Home Phone:_____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant_____ Title:_____

Signature of Applicant_____ Title:_____

All blanks must be completed prior to submittal.
License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy

Village of Elmwood Park

INDIVIDUAL HISTORY FORM

FORM REQUIRED: For any individual undergoing a background check in relation to a Village of Elmwood Park business license.

INSTRUCTIONS: Provide the information requested below. This form must be signed by the individual whose information is provided, and A PHOTOCOPY OF CURRENT GOVERNMENT-ISSUED PHOTO ID MUST ALSO BE INCLUDED FOR THE INDIVIDUAL.

PERSONAL INFORMATION

PROVIDE THE FOLLOWING PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME (IF APPLICABLE)	SUFFIX

CURRENT RESIDENTIAL STREET ADDRESS	SUITE/APT	CITY	STATE	ZIP CODE

HOME PHONE	WORK PHONE	MOBILE PHONE	EMAIL ADDRESS
( )	( )	( )	

[redacted]	PLACE OF BIRTH	AGE	DATE OF BIRTH	JOB TITLE	RELATIONSHIP TO APPLICANT

HEIGHT FT IN	WEIGHT LBS	HAIR COLOR	EYE COLOR	SEX	DRIVER'S LICENSE OR STATE ID NUMBER

HAVE YOU EVER BEEN FINGERPRINTED FOR A BUSINESS LICENSE? ☐ NO ☐ YES* — * IF YES, PROVIDE YEAR FINGERPRINTED

MARITAL HISTORY

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR MARITAL HISTORY

CURRENT MARITAL STATUS: ☐ SINGLE ☐ WIDOWED ☐ MARRIED* ☐ DIVORCED* — * IF MARRIED/DIVORCED, PROVIDE SPOUSE/EX-SPOUSE NAME BELOW:

[SPOUSE OR EX-SPOUSE] FIRST NAME	MIDDLE NAME	CURRENT LAST NAME	MAIDEN NAME/MARRIED NAME	SUFFIX

CRIMINAL HISTORY

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CRIMINAL HISTORY AN ATTACHMENT, IF NECESSARY) (INCLUDE

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ☐ NO ☐ YES* — * IF YES, PROVIDE ALL CRIMINAL CONVICTIONS BELOW:

TYPE OF OFFENSE	CONVICTION DATE	PENALTY/SENTENCE	JURISDICTION (STATE & COUNTY)

EMPLOYMENT HISTORY

PROVIDE YOUR COMPLETE EMPLOYMENT HISTORY FOR THE PAST 5 YEARS (INCLUDE AN ATTACHMENT, IF NECESSARY)

EMPLOYER NAME (MOST RECENT)	IMMEDIATE SUPERVISOR	EMPLOYER'S PHONE
		( )

EMPLOYER'S STREET ADDRESS	SUITE	CITY	STATE	ZIP CODE

JOB TITLE	TYPE OF WORK	EMPLOYED FROM	EMPLOYED TO

EMPLOYER NAME (SECOND MOST RECENT)	IMMEDIATE SUPERVISOR	EMPLOYER'S PHONE
		( )

EMPLOYER'S STREET ADDRESS	SUITE	CITY	STATE	ZIP CODE

JOB TITLE	TYPE OF WORK	EMPLOYED FROM	EMPLOYED TO

ACKNOWLEDGEMENT

REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify that the information supplied in this form is true and complete, and hereby authorize the Village of Elmwood Park to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the Village of Elmwood Park of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the equested Village of Elmwood Park action.

PRINTED NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
	X	

Village of Elmwood Park

Elmwood Park Municipal Building
11 Conti Parkway, Elmwood Park, IL 60707
Phone: 708-452-7300 Fax: 708-453-8816

Elmwood Park Police Department
7420 W. Fullerton Avenue, Elmwood Park, IL 60707
Emergency: Dial 9-1-1 Non-Emergency: 708-453-2137

BUSINESS EMERGENCY CONTACT INFORMATION FORM

☐ Proprietorship ☐ Partnership
☐ Limited Partnership ☐ Corporation

Trade Name of Business: _____ Bus. Phone: _____

Address of Business: _____
City State Zip Code

Owners Name: _____

Address _____
City State Zip Code

Telephone: _____ _____ Email: _____

The following information on Partners, Officers and Managers Must Be Given
Please Check Emergency Contacts other than Owner – Must be a keyholder
Additional pages may be added if necessary

1st Contact: _____

Address _____
City State Zip Code

Telephone: _____ _____ Email: _____

2ND Contact: _____

Address _____
City State Zip Code

Telephone: _____ _____ Email: _____

BUILDING RECORD

Owner's Full Name: _____ Telephone: _____

Address of Owner: _____
City State Zip Code

Insured By:(Company and Agent) _____ Telephone: _____

Agents Address: _____
City State Zip Code

Security Protection (Check all that apply)

☐ Burglary ☐ Hold Up
☐ Fire ☐ Complete System

Alarm Company: _____

Address: _____

Telephone: _____

Security VIDEO System: ☐ Yes ☐ No
Interior Coverage: ☐ Yes ☐ No
Exterior Coverage: ☐ Yes ☐ No

System Contact Person: _____

Telephone: _____

Fire Protection (Check all that apply)

☐ Smoke Detectors ☐ Heat Detector
☐ Sprinkler System ☐ Complete System

Alarm Company: _____

Address: _____

Telephone: _____

Hazardous Materials On Site: ☐ Yes ☐ No

Material List: _____

_____