



Village of Chicago Ridge

Business License Application

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

Date _____

Business Name: _____

DBA: _____ Corporate: Yes No

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

Business Location: _____ City: _____ Zip: _____

Billing Address: _____ City: _____ Zip: _____

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

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

Business Owner: _____ Owner's Phone: _____

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

Describe Type & Operation of Business: _____

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

Store Type: Store Front Kiosk Other Total Sq. Footage of Business Area: _____

Tentative Business Open Date **(must attend meeting prior to open date)**: _____

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

Type of Vending Machines: _____

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: _____

OCCUPANCY FEE: \$25.00

INSPECTION FEE: \$50.00

WATER DEPOSIT: _____

GENERAL BUSINESSES: \$150.00

INDUSTRIAL: \$250.00

RESTARAUNTS/LOUNGES: \$500.00

HEALTH INSPECTION FEE: _____

TOTAL AMOUNT DUE: _____

MEETING: _____

APPROVED: _____

LICENSE #: _____

COMMENTS: _____



Business Signage

Will the business have a sign? Yes No If yes, the Building Permit #: _____

Total square footage of sign: _____

Sign Location:

Secured to Building Structure: Secured to Roof: Free Standing:

Other (please describe): _____

Please find your business type below and answer the applicable questions.

Restaurants, Banquet Halls, Bars or Lounges: *****Please submit Food & Beverage Tax application*****

Will you be serving or selling any milk or related dairy products, bread or related bakery goods, meat or other forms of prepared food? Yes No **** If YES, please include a copy of your Food Service & Sanitation Certificate ****

Total number of seats: _____ Total number of parking spaces available: _____

Specify the number and the type of amusement devices operated at your establishment:

Juke Box: _____ Bowling Games: _____ Pool Table: _____ Dart Board: _____

Pinball Machines: _____ Arcade Style Video Games (non-gambling): _____

State Video Gaming License #: _____ Number of Terminals: _____

***** Please include Video Gaming Application and copy of Illinois Gaming Board Certification *****

Automobile & Truck Sales, Repair, Rental and Parking:

Will your business be involved in any of the following (please indicate all that apply):

Automobiles Trucks/Trailers

Sales Rental Repair Rebuilding Parking Space Rental Number of spaces: _____

Fuel & Service Stations: *****Please submit Vehicle Fuel Tax application*****

Number of Pumps: _____ Storage Capacity in Gallons: _____

Have the tanks been pressure tested? Yes No If so, when?: _____

Vehicle Repair Bay on site? Yes No If so, what is the square footage? _____

Car Wash on site?:

Automated Attendant Operated DIY



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

Chicago Ridge Fire Department

10063 Virginia Ave, Chicago Ridge, IL 60415
Business (708) 857-4456 Fax (708) 425-6404



Chicago Ridge Police Department

10425 S. Ridgeland Ave, Chicago Ridge, IL 60415
Business (708) 857-4456 Fax (708) 857-4460

Date: _____

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: _____

Does your business/location have any of the following?:

Cleaning Service Knox Box Sprinkler System Alarm

What type of alarm?: Burglar Robbery Fire

How is the alarm transmitted?: Direct Telephone Telephone by Prive Security

Direct to Alarm Board Outside Ringer Only

Will your business produce and/or store hazardous material on the property? _____

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

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____