

# City of Blue Island

13051 S. Greenwood Avenue

Blue Island, Illinois 60406

[www.blueisland.org](http://www.blueisland.org)

## WELCOME NEW BLUE ISLAND BUSINESS OWNER'S

### Office of the Mayor

PHONE 708-597-8602

FAX 708-597-1221

### City Clerk

PHONE 708-597-8603

FAX 708-396-7062

### City Attorney

PHONE 708-396-7031

FAX 708-597-1221

### Senior Citizens Office

PHONE 708-597-8608

FAX 708-396-7062

### City Treasurer

PHONE 708-396-7067

FAX 708-597-1807

### Building and Zoning Department

PHONE 708-597-8606

FAX 708-396-2686

### Finance Department

PHONE 708-396-7067

FAX 708-597-1807

### Marketing Department

PHONE 708-396-7035

FAX 708-597-1221

### Water and Sewer Department

PHONE 708-597-8605

FAX 708-396-7062

### Public Works Department

3153 Wireton Road

Blue Island, IL 60406

PHONE 708-597-8604

FAX 708-597-4260

As a new Business Owner in Blue Island we are anxious to help you establish a successful and profitable business. In this packet, you will find everything you need to start out.

Our Business Registration Ordinance requires 3 basic steps before your business can open.

1. A completed application form along with a copy of your driver's license must be presented to the Building Department **2 weeks** prior to the Community Development and Human Services Committee Meeting, which is the first Tuesday of every month.

2. Your application will be reviewed by the Department of Community Development and Human Services Committee and you will be notified what action needs to be taken to obtain your business license.

3. Attendance is required at the meeting.

Contact Commissioner Dave Mindeman (708-597-8606) to schedule an inspection of your business and for a fire inspection. This must be requested after your application has been submitted to Building Department. Preliminary inspections should be done before appearing at the meeting. (Do not sign a lease for a business until you contact Commissioner Mindeman).

Please feel free to contact Commissioner Mindeman at the Building Department if you have any questions. We also suggest that you contact the Blue Island Chamber of Commerce at 708-388-1000 to let them know you are opening a new business, after approval.

Sincerely,



Pam Frasor, City Clerk

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# BUSINESS LICENSE/REGISTRATION APPLICATION

(Please print or type)

Firm Name: \_\_\_\_\_ Sales or Occup. Tax No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_(\_\_\_\_)\_\_\_\_\_ Type of Business: \_\_\_\_\_  
No. of Employees: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_  
Hrs. of Operation \_\_\_\_\_ Food Certification # \_\_\_\_\_  
Name of Exterminator \_\_\_\_\_  
Scavenger (Trash Service) \_\_\_\_\_  
Corporate Name, if other than Firm Name: \_\_\_\_\_

### THIS SECTION MUST BE COMPLETED

Applicant Status:  An Individual  Partnership (i.e.: LLC)  
 A Corporation  An Association

State and Date of Incorporation of Organization \_\_\_\_\_  
State Date

If Applicant is an Individual, list owner only.  
If Applicant is a Corporation, Partnership or Association, list all principal officers.

1) Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_(\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver's Lic. #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

2) Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_(\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver's Lic. #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

3) Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_(\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver's Lic. #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**Please list and attach the above information for any and all additional partners or principals on a separate sheet.**

**INFORMATION ON BUSINESS MANAGER OR AGENT**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver's Lic. #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**BUILDING OWNER**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**BUSINESS BACKGROUND INFORMATION**

Please list any current and/or previous businesses by name and location:

\_\_\_\_\_  
\_\_\_\_\_

Has the Business Owner, Manager, Agent or any Officer ever been arrested or convicted or a felony or a misdemeanor?  YES  NO

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does the Business Owner, Manager, Agent or any Officer hold a Law Enforcement position or the position of an elected or appointed public official?  YES  NO

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Applicant ever had a previous license revoked or suspended or an application for a license denied by any local government or by any State or subdivision thereof?

YES  NO If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(OWNER/MANAGER/AGENT)

To: New Business License Applicants  
From: Community Development and Human Services Committee  
Subject: **New Business License**

The Community Development and Human Services Committee was formed to ensure potential new business owners applying for a business license in Blue Island to be aware of the policies and procedures pertaining to their type of business.

The City of Blue Island requires all business owners to appear before the Community Development and Human Services Committee before they open their business. The Community Development and Human Services Committee meetings are held the first Tuesday of every month at 7:30 PM in the City Council Chambers in the East Annex building at 2434 Vermont. To arrange to appear before the committee please call The Building Department.

Please be prepared to answer those questions pertaining to your type of business listed on Attachment# 2.

**IMPORTANT-** you will not be able to open your business until you have come before the Community Development and Human Services Committee and passed all final inspections by the Building and Fire Department. If you are leasing, you are responsible for working with the building owner to ensure all building inspection requirements are met.

Thank you for considering Blue Island for your new business.

Alderman Jerry Natalino  
Community Development and  
Human Services Committee Chairman

***Please be prepared to answer the following questions at our  
Business Revitalization Meeting***

- If incorporated, please bring a copy of your Article of Incorporation from the State of Illinois.
- Are you in a partnership? With whom?
- If applicable, you must bring in a copy of your license / certification, certificates required for your business operation (e.g., food sanitation license / hair dresser license, etc.) – Does this type of business require special skills?
- If applicable, is your business EPA approved?
- Do you plan on advertising your business / service? How? Where?
- What type of window display are you planning?
- Do you have workman's compensation insurance for your employees? Do you have liability insurance?
- What are your hours of operation?
- Approximately, how many customers will be entering your place of business during business hours? Any after hour's activity? (Loading / unloading supplies, inventory, etc)
- Have you operated this business in another area? If so, where?
- Have you owned / operated another business in the past?
- Will you be using / storing any chemicals in your business?
- Parking necessary for you business? Customers? Employees?
- Any special parking needs? (Handicapped, 30 minute parking etc.)
- Are you involved with any liens or special agreements with the City of Blue Island?

**YOU ARE RESPONSIBLE FOR THE UPKEEP OF THE  
AREA SURROUNDING YOUR BUSINESS!**

- I.E., sidewalks, alleys, and parking area.

**BLUE ISLAND FIRE DEPARTMENT**



2450 West Vermont Street • Blue Island, Illinois 60406 • 708/396-7070 • Fax 708/388-5778

**Robert F. Copp**  
Fire Chief

**Mark Luety**  
Assistant Fire Chief

Dear Business Owner:

On Tuesday, February 22, 2000 the City of Blue Island passed Ordinance No. 2000-298. Regulating Fire Alarms, so an undue burden will not be placed upon the fire department (Misuse of fire alarm systems or false alarms) and to insure that the systems are in working order. Ordinance 2000-298 also addresses approval of installations, repairs, and modifications, permit revocations and fines.

Every fire alarm user will apply for and obtain an alarm system permit annually for the use of their fire alarm system. The enclosed application form must be completed and an amount of \$25.00 will be included in your Business License Fee. The Blue Island Fire Prevention Bureau will evaluate and test the alarm system and then issue a certificate for the year.

Should you have any questions regarding your Fire Alarm System or the Ordinance, please contact me at my office at 708-396-7073.

Sincerely,

Fire Prevention Officer

RFC/jlm

BLUE ISLAND FIRE DEPARTMENT



2450 West Vermont Street • Blue Island, Illinois 60406 • 708/396-7070 • Fax 708/388-5778

**Robert F. Copp**  
Fire Chief

**Mark Luety**  
Assistant Fire Chief

## Fire Alarm Permit Application

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Owner's Telephone Number

\_\_\_\_\_  
Owner's Address / City / St. / Zip Code

\_\_\_\_\_  
Alarm Monitoring Company

\_\_\_\_\_  
Telephone Number

### ALARM SYSTEM

Smoke/Heat Detection \_\_\_\_\_ Sprinkler System \_\_\_\_\_ Fire Pump \_\_\_\_\_

### Emergency Contacts:

1. \_\_\_\_\_  
Name Phone

2. \_\_\_\_\_  
Name Phone

### Office Use Only

Date Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Knox Rapid Entry Box \_\_\_\_\_

NFPA # 13 \_\_\_\_\_

NFPA # 13D \_\_\_\_\_

NFPA # 13R \_\_\_\_\_

NFPA # 72 \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Blue Island Fire Department Occupancy Information

## Applicant's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Business Name \_\_\_\_\_

## Building Information

Address \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## OCCUPANCY CLASSIFICATION (NFPA #101)

Assembly \_\_\_\_\_ Educational \_\_\_\_\_ Health Care \_\_\_\_\_ Business \_\_\_\_\_

Detention/Correction \_\_\_\_\_ Hotel/Dormitories \_\_\_\_\_ Industrial \_\_\_\_\_ Apartment \_\_\_\_\_

One & Two Family Dwelling \_\_\_\_\_ Mercantile \_\_\_\_\_ Loading/Rooming \_\_\_\_\_

Residential Board of Care \_\_\_\_\_ Storage \_\_\_\_\_ High Rise \_\_\_\_\_

## FIRE DETECTION SYSTEM

Direct Connect \_\_\_\_\_ Central Station \_\_\_\_\_ Local \_\_\_\_\_

Central Station Monitoring Company \_\_\_\_\_

Phone \_\_\_\_\_ UL Certificate Number \_\_\_\_\_

Service Company \_\_\_\_\_ Phone \_\_\_\_\_

**Fire Alarms shall be installed in accordance with NFPA #72**

## AUTOMATIC FIRE EXTINGUISHING SYSTEMS

Dry Chemical \_\_\_\_\_ Wet Chemical \_\_\_\_\_ Halon \_\_\_\_\_ Foam \_\_\_\_\_

Carbon Dioxide \_\_\_\_\_ Other \_\_\_\_\_

**Automatic Fire Extinguishing Systems shall be installed in accordance with their proper NFPA Code.**

## SPRINKLER SYSTEM

Light Hazard \_\_\_\_\_ Ordinary Group I \_\_\_\_\_ Ordinary Group II \_\_\_\_\_

Extra Hazard Group I \_\_\_\_\_ Extra Hazard Group II \_\_\_\_\_

Special Occupancy Hazards \_\_\_\_\_