



WELCOME NEW BLUE ISLAND BUSINESS OWNER'S

City of Blue Island
13051 S. Greenwood Avenue
Blue Island, IL 60406
www.blueisland.org

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.

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 Committee Meeting, which is the third Tuesday of every month (unless otherwise notified).
2. Your application will be reviewed in office. You will be notified when the Community Development Committee will view your application and your attendance is required.
3. At that time the committee will notify you on the next actions to be taken to obtain your final business license approval.
4. Once committee has approved your business and inspectors approve all then you will pay for your business license. **No fee will be received before hand.**

Contact the Building Department (708-597-8606) to schedule an inspection for your business from the Building Commissioner and Fire Chief. 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 have received approval from the committee).**

Please feel free to contact 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 Frason, City Clerk

Office of the Mayor
p (708) 597 8602
f (708) 597 1221

City Clerk
p (708) 597 8603
f (708) 396 7062

City Treasurer
p (708) 396 7067
f (708) 597 1807

City Attorney
p (708) 396 7031
f (708) 597 1221

Building & Zoning
p (708) 597 8606
f (708) 396 7686

Community Development
p (708) 396 7037
f (708) 597 1221

Community Relations
p (708) 396 7035
f (708) 597 1221

Senior Citizens
p (708) 396 7085
f (708) 396 7062

Finance
p (708) 396 7067
f (708) 597 1807

Water & Sewer
p (708) 597 8605
f (708) 396 7062

Public Works
3153 Wireton Road
Blue Island, IL 60406
p (708) 597 8604
f (708) 597 4260

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

The Community Development 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 Committee before they open their business. The Community Development Committee meetings are held the third Tuesday of every month at 6:30 PM in the City Council Chambers in the East Annex building at 2434 Vermont. To arrange to appear before the committee please make sure packet is completed and returned to the Building Department 2 weeks prior to the next meeting.

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 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 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 your 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.

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)

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

Knox Rapid Entry Box _____

Date Paid _____

NFPA # 13 _____

Receipt # _____

NFPA # 13D _____

NFPA # 13R _____

NFPA # 72 _____

Cash _____ Check _____

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 _____

Project # _____
(City Use Only)
Date Received: _____
(City Use Only)

**BLUE ISLAND FIRE DEPARTMENT
EMERGENCY CONTACT INFORMATION**

- Sprinkler System shall be installed in accordance with their proper NFPA Code.
- Plans for fire alarms and sprinkler systems shall be submitted to the Fire Prevention Bureau for approval.
- The Blue Island Fire Department requests copies of all sprinklers and fire alarm system's test and inspection reports.
- Fire Alarm and Sprinkler Systems shall be inspected and tested prior to occupancy.

Correspondence to: Blue Island Fire Department
2450 Vermont Street
Blue Island, IL 60406
Attention: Fire Prevention Bureau
Phone: (708) 396-7073
Fax: (708) 388-5778

9-1-1 EMERGENCY DISPATCH INFORMATION
EMERGENCY CALL OUT INFORMATION
ALL INFORMATION IS CONFIDENTIAL

The personnel listed below must be able to report immediately to the premises upon notification of an emergency and should have a key to all buildings.

Business Name: _____
Business Address: _____
Business Phone: _____

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Phone: _____	Phone: _____
Pager: _____	Pager: _____
Cell Phone: _____	Cell Phone: _____

Other instructions (if any) for the dispatchers:

ALARMS: BURGLAR HOLD UP

Alarm Company: _____ Phone: _____
Address: _____ City: _____

Would you prefer to have your alarms connected directly to the 9-1-1 Center? Yes No

Illinois Department of Revenue

Dear Business Owner,

Too many businesses are falling victim to unplanned tax expenses because people have been caught unaware of their overall tax responsibilities. This is particularly true for individuals starting up a small business. Over half of all small businesses fail within two years and another 5 percent within 10 years. In almost all of those cases brought to the attention of the Department, entrepreneurs with serious financial problems were unprepared for the total financial commitment needed at the inception of a business.

We know that the first step in planning any new business is to calculate what is known as overhead: exactly how much is it going to cost to get in business and, more importantly, to stay in business. Frequently, however, self-employed entrepreneurs fail to build the cost of all federal, state, and local taxes into their overhead. The self-employed sometimes neglect to meet the filing deadlines of various tax forms or fail to file forms altogether. Eventually, these problems catch up to a new business.

As Department of Revenue, we want to see new businesses prosper and avoid future tax difficulties. In most cases, serious financial problems can be avoided if new business owners pay closer attention to meeting all of their anticipated tax responsibilities. Ignorance of the laws and filing requirements cannot be excused.

Don't let unplanned tax expenses put your new business at financial risk before it gets going. For those of you who are required, make sure that you...

Federal

- Register your business with the Internal Revenue Service
- File and pay self-employment taxes (which include projections of wages you could have made elsewhere as an employee)
- File and pay estimated taxes each quarter
- Withhold and remit employees' federal income and Social Security taxes
- File and pay federal unemployment taxes for all employees

State

- Register your business with the Illinois Department of Revenue
- File and pay estimated tax each quarter
- Regularly withhold and remit your employees' Illinois income taxes
- Regularly file and pay Illinois sales taxes
- Regularly file and pay any of the other taxes that may apply to your business including taxes on items such as automobile renting, cigarette distribution, coin-operated amusement devices, gas distribution, hotel/motels, motor fuel distribution, and telecommunications
- Register your business with the Illinois Department of Employment Security
- File and pay unemployment taxes for all employees

Local

- Register and pay local business licenses
- Pay local property taxes

Remember: The registration of your business is the most important tax fundamental because it identifies the applicable tax forms and requirements. It also facilitates taxpayer assistance to the self-employed on both the state and federal levels. The Internal Revenue Service and the Illinois Department of Revenue both regularly conduct small business workshops. Printed material on how to start a small business in Illinois is also available from the Department of Commerce and Community Affairs.

If you have questions, please write us or call the Department weekdays between 8.30 a.m. and 5:00p.m. Our address and telephone numbers are below.

**ILLINOIS DEPARTMENT OF REVENUE
101 WEST JEFFERSON STREET
SPRINGFIELD, IL 62794
217-785-2604 OR 800-732-8866**

CITY OF BLUE ISLAND BUSINESS CONCEPT APPLICATION

Complete this form if you will be opening, relocating, or expanding your own business.
Please provide the following information in full. Missing or incorrect information may delay processing of your business license application.

CONTACT & REFERENCE INFORMATION

Business Name: _____

Contact Name: _____ Phone: ____ (____) _____

Contact Address: _____

Street

City

State

Zip

Email: _____ Preferred Contact Method: Phone Email

(Please Check Applicable Box)

Property Interest of Applicant:

(Please check applicable item.)

Owner

Lessee

Legal Representative

Other: _____

Property Description:

Address _____

PIN _____

Size of Parcel _____ (sq ft (sf) or acres)

Current Zoning Designation _____

BUSINESS DESCRIPTION

1. Business Category:

(Please check appropriate category.)

Retail

Service

Industrial

Other

2. Business Status:

(Please check appropriate category.)

New

Existing, currently in Blue Island

Existing, not currently in Blue Island

3. The business is organized as a:

(Please check appropriate category.)

General Partnership

Limited Partnership

Limited Liability Company (LLC)

Sole Proprietorship

"C" Corporation

"S" Corporation

Other: _____

(If Other, please list above)

4. Is the business a franchise? YES NO (Please check appropriate box.)

If yes, please identify the franchisor company: _____

5. Describe the type of business that is being established:

6. Describe the types of products or services that will be manufactured or sold:

7. Describe the process for manufacturing or selling the products or services listed above:

INFRASTRUCTURE NEEDS

1. Describe anticipated Utility Requirements:

2. Estimate the number of cars that will be parked at your business during peak hours:

Employee cars _____ Customer cars _____ (Please enter estimated number of cars for each type.)

3. Parking will be provided by: (Please check applicable item.)

- Spaces dedicated specifically to your business
- Common spaces provided by your landlord
- Shared parking within 1 block coordinated by the City

4. Estimate the number of trucks that will stop at your business in an average:

Day _____ Week _____ Month _____ (Please enter estimated number of trucks for each timeframe.)

5. Describe any requests your business may have for adjacent public space or infrastructure, e.g. sidewalk seating, curb cuts, loading zones, etc.

6. Is there any environmental contamination of the property? Yes No

If yes, what is the nature of the problem? How will it be addressed? _____

BUILDING OR SITE IMPROVEMENTS

1. CONSTRUCTION, RENOVATION OR DEMOLITION

Does project involve any construction, renovation or demolition?

NO. Project does not involve ANY construction, renovation or demolition.

YES. Project involves construction, renovation or demolition.

IF YES, PLEASE COMPLETE THE FOLLOWING:

a) Type of Project *(Please check all applicable items):*

New Construction Renovation of Existing Building Demolition Required

b) Building Type *(Please check all applicable items):*

Steel Frame Concrete Masonry Wood Frame

c) Size *(Please fill-in all details):*

No. of Stories _____ Total Building Area: _____ (sf) Area Per Floor: _____ (sf)

d) Architect of Record: _____

Engineers of Record: _____

2. FAÇADE IMPROVEMENTS

Does project involve any façade improvements?

NO. Project does not involve ANY façade improvements.

YES. Project involves façade improvements.

IF YES, PLEASE DESCRIBE: _____

3. PROPOSED SIGNAGE

All applicants must complete this section.

a) Type *(Please check all applicable items):*

Freestanding Attached to Building Directional Other: _____

b) Illumination *(Please check applicable item):*

Illuminated Non-illuminated *[Please note that the City law prohibits neon signs.]*

c) Proposed Design Elements *(Please fill-in all details):*

Size (Sq. Ft.): _____ Height: _____ Colors: _____

Materials: _____

****Please also see Page 4 for required attachments related to the above sections****

*****REQUIRED ATTACHMENTS*****

All applicants must submit the following information.

1. Floor Plans:

Floor plans showing the building location with respect to the lot lines and building interior layout. (A sketch on 8-1/2" x 11" sheets of paper may be acceptable).

2. Exterior Building Elevations:

Exterior elevations of all sides of the building noting *exterior materials* and *façade elements*, including color. (A sketch on 8-1/2" x 11" sheets of paper may be acceptable). (For existing buildings, current photographs are appropriate).

3. Signage Plan:

- For freestanding signs, include a scaled site plan that indicates proposed location of sign.
- For building signs, include an elevation drawing that indicates proposed location of sign on building.

If project involves any CONSTRUCTION, RENOVATION OR DEMOLITION, applicant must also submit:

- An anticipated construction schedule for the proposed project.
- The anticipated total cost of the proposed project.
- A statement of professional qualifications and related development experience of the applicant and/or applicant's development team.