



## WELCOME NEW BLUE ISLAND HOME BUSINESS OWNER'S

**City of Blue Island**  
13051 S. Greenwood Avenue  
Blue Island, IL 60406  
[www.blueisland.org](http://www.blueisland.org)

As a new Home 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 Committee Meeting, which is the third Tuesday of every month (unless otherwise notified).
  - If you are a tenant you must supply a letter of approval from your landlord.
  - Please supply a summary letter or pamphlet describing your proposed business.
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. Attendance is required at the meeting. Once committee has approved your business then you will pay for your business license. **No fee will be received before hand.**

Please feel free to contact Commissioner Mindeman at the Building Department if you have any questions (708) 597-8606.

Sincerely,

Pam Frasor, 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 2686

#### **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

# HOME 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: \_\_\_\_\_

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 \_(\_\_\_\_)\_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_

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

(OWNER/MANAGER/AGENT)