



City of Blue Island Business License Application

Blue Island City Hall
13051 Greenwood Ave
Blue Island, IL 60406
708.597.8606 • F: 708.396.2686
www.blueisland.org

- ☐ New Business ☐ Change Ownership of Existing Business ☐ Home Business
☐ Relocate Business ☐ State-licensed Business Registration Submit copy of State License with application

Business Information

Business Name	Corporate Name (if applicable)
Business Address	Corporate Address
Business Phone	Corporate Phone
Business Email Address	Corporate Email Address
Business Owner Name	Business Owner Phone
Business Owner Address	Business Owner Email Address
<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Square footage of Business	Do you own or rent building
	Property Identification Number

Aldermanic Ward ☐ 1st Ward ☐ 2nd Ward ☐ 3rd Ward ☐ 4th Ward ☐ 5th Ward ☐ 6th Ward ☐ 7th Ward

If renting space, list the property owner's name & address

Current Zoning Designation

Property Owners Name

- ☐ R1: Single Family Residential
☐ C1: Central Area Commercial
☐ C2: Highway Commercial
☐ UTOD: Uptown TOD
☐ I1: Limited Industry
☐ I2: General Industry

Property Owners Address

☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Days of Operation

Hours of Operation

☐ Yes ☐ No
Will your business be serving liquor?

☐ Yes ☐ No
If yes, are you an elected official or police officer?

☐ Yes ☐ No
Will your business be serving food?

Form of Business ☐ Corporation ☐ Partnership ☐ Limited Liability Corporation ☐ Sole Proprietor
☐ For Profit ☐ Not-for-Profit (Attach copy of State Form 501c)

Federal Tax Identification Number

If required, Food Certification Number

Illinois Retail Occupation Tax Number

Number of Employees: Full Time

Part Time

Business Category ☐ Retail ☐ Industrial ☐ Service ☐ Other

Principal Business Activity:

Business Description

Building Interior

Please attach a diagram of the building interior.

Business Servicer Information

Exterminator Servicer Name

Exterminator Servicer Phone

Exterminator Servicer Address

City

State

Zip

Scavenger Servicer Name

Scavenger Servicer Phone

Scavenger Servicer Address

City

State

Zip

Business/Emergency Contact Information

Name: First/Middle/Last

Home Phone

Email

Home Address

City

State

Zip

Name: First/Middle/Last

Home Phone

Email

Home Address

City

State

Zip

Required Fire Department Information *A Lock Box mounted on the primary entrance is required.*

Fire Alarm Company Name

Fire Alarm Company Phone

Fire Alarm Company Address

City

State

Zip

Sprinkler Company Name

Sprinkler Company Phone

Sprinkler Company Address

City

State

Zip

Fire Extinguisher Servicer Name

Fire Extinguisher Servicer Phone

Fire Extinguisher Servicer Address

City

State

Zip

Has the Applicant ever had a previous business 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.

I/we hereby certify that all of the information contained in this application for a Business License is true and correct. I/we understand the issuance of this license is conditional upon compliance with all City Codes, Ordinances, State and Federal Law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force. Upon approval of this application, the business of record shall have a period of 90 days to pursue business advances in conjunction with the terms and conditions on which the license was issued.

Print Name

Signature

Date

Licenses issued by the City may be revoked for any of the following causes: fraud, misrepresentation, or false statement; any violation by the licensee of the provisions relating to the license, the subject matter of the license, or to the premises occupied; Conviction of the licensee of any felony or of a misdemeanor when such conviction indicates an inability to operate a safe, honest or legitimate business operation; failure of the licensee to pay any fine or penalty owing to the city; failure of the licensee to pay any amount owing to the city, other than a fine or a penalty, within 120 days of its due date; refusal to permit inspection or investigation, or interference with an authorized city officer or employee while in making inspection or investigations; When the conduct of the business constitutes a nuisance or a clear and present danger to the public health, safety or general welfare; more than 3 violations of the zoning regulations or management and safety plan pertaining to the premises; or for other good and sufficient cause shown including but not limited to repeated failures to comply with this or other applicable ordinances or multiple violations of the same. The Mayor or designee shall hold a hearing for the purposes of determining whether or not the license or permit shall be revoked or remain suspended and what fines or penalties, if any, shall be imposed.

City Use Only

Business Name				Date Received
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Application completed	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Floor Plans (must show dimensions of complete business)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Exterior Elevations (must show every side of property)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Signage Plan (must show proposed signage for business)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Sales Tax Number (must have copy of Sales Tax letter)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Business Corporation (must have copy of Corporation)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Remodeling Drawings (if applicable)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	State I.D. (must have a copy to accompany application packet)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Copy of State Certificate (-i.e. hair salon, nail salon, barber shop)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Copy of Emergency Contact ID	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Conforms to Zoning Use Table	
<input type="checkbox"/> Permitted Use	<input type="checkbox"/> SUP		Approved Use:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Off-Street Parking Required:	
Initial Building Department Approved to Open			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Final Building Inspection (if applicable) Approved to Open			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Initial Electrical Inspection Approved to Open			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Final Electrical Inspection (if applicable) Approved to Open			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Initial Plumbing Inspection Approved to Open			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Final Plumbing Inspection (if applicable) Approved to Open			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Initial Health Inspection Approved to Open			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Final Health Inspection (if applicable) Approved to Open			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Initial Fire Inspection Approved to Open			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Final Fire Inspection (if applicable) Approved to Open			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scheduled Special Use Permit or Zoning Hearing			Plan Commission	Zoning Board of Appeals