



**ORLAND  
PARK**

DEVELOPMENT SERVICES DEPARTMENT  
14700 RAVINIA AVENUE  
ORLAND PARK, ILLINOIS 60462  
708-403-5300  
FAX 708-403-6215  
[developmentervices@orlandpark.org](mailto:developmentervices@orlandpark.org)  
[www.orlandpark.org](http://www.orlandpark.org)

## BUSINESS LICENSE APPLICATION

IF THIS INFORMATION IS NOT COMPLETE AND TYPED, THIS APPLICATION WILL BE REJECTED.

### BUSINESS INFORMATION

Legal Business Name:			
Doing Business As (d/b/a):			
Orland Park Address:		Unit/Suite:	Zip:
Business Phone:		Onsite Contact:	
Email (invoices will be sent here):			
Mailing Address	Address:		Apt/Suite:
	City/State/Zip:		
After hours Contact Name & Phone #:			
Business Days and Hours of Operation:			
NAICS #		Refer to <a href="http://www.census.gov">www.census.gov</a> if you do not know your number	
General Description /Purpose of Business:			
Square Feet (Include all areas of business use):		PIN:	
This Business Location is: <input type="checkbox"/> New <input type="checkbox"/> Already Open		Change of: <input type="checkbox"/> Ownership <input type="checkbox"/> Name <input type="checkbox"/> Use	
Open Date: (MM/DD/YYYY)	EIN:	# Full-Time Employees	# Part-Time Employees
Choose Type of Business / Business Classification:			
<input type="checkbox"/> ACCOMMODATIONS	<input type="checkbox"/> COUNTRY CLUB	<input type="checkbox"/> PROFESSIONAL LICENSES	
<input type="checkbox"/> ADULT CARE	<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> PROPERTY MANAGEMENT	
<input type="checkbox"/> ADVERTISING	<input type="checkbox"/> EDUCATIONAL SERVICES	<input type="checkbox"/> RENTAL EQUIPMENT	
<input type="checkbox"/> AGENCY	<input type="checkbox"/> ENTERTAINMENT	<input type="checkbox"/> RETAIL	
<input type="checkbox"/> ANIMAL CARE	<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> SALON/SPA	
<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> FITNESS	<input type="checkbox"/> SCAVENGER/REFUSE	
<input type="checkbox"/> AUCTION	<input type="checkbox"/> FOOD SERVICE ____ Seats	<input type="checkbox"/> SECOND HAND DEALER	
<input type="checkbox"/> AUTO DEALER	<input type="checkbox"/> FUNERAL HOME	<input type="checkbox"/> SERVICE	
<input type="checkbox"/> AUTO FILLING STATION	<input type="checkbox"/> HEALTH/MEDICAL/SOCIAL	<input type="checkbox"/> STORAGE	
<input type="checkbox"/> AUTO DETAILING	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> SUPPLY	
<input type="checkbox"/> AUTO REPAIR	<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> TECHNICAL / SCIENTIFIC	
<input type="checkbox"/> BOWLING ALLEY	<input type="checkbox"/> MACHINE SHOP	<input type="checkbox"/> TRANSPORTATION	
<input type="checkbox"/> CAR WASH	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> UTILITIES	
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MARKETING	<input type="checkbox"/> VENDING	
<input type="checkbox"/> CLUB / LODGE	<input type="checkbox"/> MEDIA	<input type="checkbox"/> WAREHOUSE	
<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> OFFICE / HEADQUARTERS	<input type="checkbox"/> OTHER_____	
<input type="checkbox"/> CONSIGNMENT SHOP	<input type="checkbox"/> PET SHOP OPERATOR		

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**BUSINESS OWNERSHIP**

Individual  Partnership  LLC  LTD  Corporation

If **Individual**, list Owner only. If **Partnership**, list all Owners. If **LLC**, list all Members.

If **Privately Held Corporation, Partnership, or Association**, list all Principal Officers.

If **Publicly Held Corporation**, list President, Vice President, Secretary, & Treasurer.

Legal Name:	Title:	% of Ownership
Email:		Date of Birth:
Home Address:		
Home City/State/Zip		
Cell Phone:	Driver's License #:	
Legal Name:	Title:	% of Ownership
Email:		Date of Birth:
Home Address:		
Home City/State/Zip		
Cell Phone:	Driver's License #:	
Legal Name:	Title:	% of Ownership
Email:		Date of Birth:
Home Address:		
Home City/State/Zip		
Cell Phone:	Driver's License #:	
Legal Name:	Title:	% of Ownership
Email:		Date of Birth:
Home Address:		
Home City/State/Zip		
Cell Phone:	Driver's License #:	

***If there are additional partners or principals attach their above information on a separate sheet.***

**LLC, LTD or CORPORATION**

Registered Agent:	
Email:	Phone:

**CORPORATE INFORMATION IF DIFFERENT THAN BUSINESS**

Corporate Name:	
Corporate Email:	Phone:
Corporate Address:	
City/State/Zip	

YES NO

Is the Business leasing the space? Name of Center/Complex: \_\_\_\_\_

If Yes, give the name of either  Landlord/Property Owner or  Management Company:

Company Name:	
Email:	Phone:

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YES NO

- Will any pre-packaged food be sold? [health inspections may be required]
- Will any food be prepared or handled on site? [health inspections required]
- Will massage therapy be provided? [background check required]
- Will any alcohol be sold or served? [Contact 708.403.6160 for additional license]
- Will any type of nicotine product be sold? [separate license required]
- Will there be any manufacturing, storing or sales of any type of hazardous materials?
- Will any type of vending machine or juke box be on site? [separate license required]
- Will any type of amusement device be on site? [separate license required]
- Will any retail LP-gas containers be on site? [separate license required]
- Does the Business buy or sell used merchandise?

**APPLICABLE VILLAGE CODES**

This license is granted on the express condition that the said commercial business shall, in all respects, conform to all Ordinances of this jurisdiction including the Land Development Code, regulating the occupancy and use of buildings, and may be revoked at any time upon violation of any provision of said ordinances.

**ANNUAL LICENSE INSPECTIONS**

It is agreed that authorized inspections will be allowed as prescribed by ordinance.

**MESSAGE SERVICES**

Any business offering massage services must first apply with the Orland Park Police Department for a background check, upon approval, an application for occupancy/license to operate can be filed with the Development Services Department.

**LIQUOR LICENSES**

Liquor licenses should be applied for separately through the office of the Mayor/Liquor Commissioner.

**OTHER LICENSES**

Additional license applications are required for Vending Machines, Tobacco Sales, and Amusement Devices.

**FALSIFICATION OF INFORMATION**

Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For more information or questions, please call the Development Services Department.

**A BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES**

I understand the issuance of this license is conditional upon compliance with all Village 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.

I have read this application and answered all questions completely and truthfully to the best of my knowledge.

The undersigned hereby applies to the Development Services Department of the Village of Orland Park, IL for a permit to occupy the structure or part thereof herein described and a license to operate a commercial activity in the Village, and if granted the permit and license applied for, I will comply with all requirements of the village ordinances relating thereto and pay the fees required by such ordinances. I have read and understand terms, conditions and requirements listed in this application.

Business Owner

Printed name: \_\_\_\_\_  Legal Agent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Village Use</b>	Reviewed By: _____	<input type="checkbox"/> Fee Exempt – Classification _____	BL-
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This information will be kept confidential to the extent permitted by law.

4/26/19