



VILLAGE OF BRIDGEVIEW

7500 S. Oketo Avenue • Bridgeview, IL 60455
Phone: 708-594-2525 • Fax: 708-924-8095
E-Mail: info@villageofbridgeview.com

BUILDING DEPARTMENT

APPLICATION FOR BUSINESS LICENSE

11/07

Fee:	Date Issued:	License No.:
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PLEASE NOTE:
Any misrepresentations or falsification of the information sought below may result in denial or revocation of license applied for.

Name of Business:		Date Received:	
Business Address:		Unit Number:	
Business Phone Number:		Emergency Phone Number:	
Illinois Retailers Occupation Tax Number: NOTE: When applicable, Retailers Occupation Tax Number must be on this application or Business License will not be issued.			
Nature or Type of Business:			
Building Status: <input type="checkbox"/> Change of Ownership <input type="checkbox"/> New Use <input type="checkbox"/> New Building <input type="checkbox"/> Remodeled <input type="checkbox"/> Renewal			
Name of Business Owner:		Email:	
Home Address:		City:	State: Zipcode:
Home Phone:	Date of Birth:	Driver's License Number:	
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, State Year of Conviction:	Give Explanation:	
Status of Ownership: <input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Number of Employees:	Sale of Tobacco? <input type="checkbox"/> No <input type="checkbox"/> Yes
FOOD Service Establishment: Seating Capacity:	GASOLINE Station or Other Storage of FLAMMABLES: Storage Capacity in Gallons:	Number Off-Street Parking Spaces:	
Nature and Number of Coin-Operated Devices:			
Number	Type	Product Dispensed/Service Furnished	Name & Address of Owner of Device/Machine

It is understood that no business may commence unless and until approval has been granted for the issuance of a business license. I agree to comply with all statutes and village ordinances and regulations relating to the above business.

Designate Signature as Owner/Proprietor or Manager

FOR INTERNAL USE - SEE REVERSE SIDE FOR DETAILS

DATE ISSUED	DATE RETURNED
BLDG..... <input type="checkbox"/>	BLDG <input type="checkbox"/>
P/W..... <input type="checkbox"/>	P/W <input type="checkbox"/>
FIRE..... <input type="checkbox"/>	FIRE <input type="checkbox"/>
HEALTH..... <input type="checkbox"/>	HEALTH <input type="checkbox"/>

DEPARTMENTS RESPONSES

BUILDING DEPT.

Approved

Denied

Restrictions: _____

If Denied, Give Reason: _____

Comments: _____

Signature: _____ Date: _____

FIRE DEPT.

Approved

Denied

Restrictions: _____

If Denied, Give Reason: _____

Comments: _____

Signature: _____ Date: _____

PUBLIC WORKS DEPT.

Approved

Denied

Restrictions: _____

If Denied, Give Reason: _____

Comments: _____

Signature: _____ Date: _____

HEALTH DEPT.

Approved

Denied

Restrictions: _____

If Denied, Give Reason: _____

Comments: _____

Signature: _____ Date: _____



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BUILDING DEPARTMENT BRIDGEVIEW BUSINESS EMERGENCY CONTACT INFORMATION

11/07

The following information is vital in assisting the Bridgeview Police Department in answering emergency calls at your establishment when you are away.

We request your assistance in supplying the Village of Bridgeview with two or more names and their phone numbers to be called in case an emergency arises at your place of business.

Thank you for your cooperation.

Date:

Name of Business:

Business Address:

Business Phone Number:

Hours of Operation:

EMERGENCY CONTACTS

#1 Contact Name:

Address:

Phone Number:

#2 Contact Name:

Address:

Phone Number:

#3 Contact Name:

Address:

Phone Number:

ALARM COMPANY

Name of Alarm Company:

Phone Number:

Is there a Guard on duty? No Yes, if Yes provide the phone number:

For police officer's safety and the well being of the dog, indicate if a Watch Dog is on the premises. No Yes

Comments: