

Village of Franklin Park

9500 Belmont Avenue, Franklin Park, Illinois 60131

Building: PHONE (847)671-8245 FAX: (847)671-8790

Zoning: PHONE (847)671-8276 FAX: (847)671-8790



Occupancy Packet & Business License Application

YOU ARE HEREBY NOTIFIED THAT A NEW OWNER/TENANT MUST OBTAIN AN OCCUPANCY PERMIT BEFORE OCCUPYING THE PREMISES AT

ADDRESS OF PROPERTY

In Franklin Park, Illinois 60131.

Applications for Occupancy Permits shall be obtained at the Building Department, 9500 Belmont Avenue, Franklin Park, Illinois, Second Floor. The packet must be filled out completely and returned to the Building Department in a timely manner. The application must be processed by both the Building Department and Zoning Department. You will be contacted by Village staff when your application has been reviewed.

The enclosed forms have been prepared to collect vital information needed by the Fire, Police, Health, Zoning, and Building Departments. The information will be used in our normal daily operation and during emergency. Information changed should be reported to the building administrator by calling (847)671-8245.

Below is a checklist of items needed to submit a valid application:

COMPLETED APPLICATION PACKET

COMMERCIAL USE LETTER (SEE LAST PAGE FOR INSTRUCTIONS)

SCALED SITE PLAN BASED ON PLAT OF SURVEY (SEE LAST PAGE FOR INSTRUCTIONS)

If purchasing property

Copy of presale inspection

If leasing property

Letter of authorization from property owner

OFFICE USE ONLY

Approved _____ Denied _____ Date _____

Zoning Classification _____

Comments _____

PLEASE NOTE: Applications with missing information WILL NOT be accepted and WILL NOT initiate the application process. Any false, misleading or material omission of information shall subject any license or permit issued as a result of this application to be subject to revocation.



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APPLICANT INFORMATION

COMMON BUSINESS NAME _____

LEGAL BUSINESS NAME _____

BUSINESS OWNER(S) _____

ADDRESS TO BE OCCUPIED _____ UNIT # _____
REQUIRED IF MULTIPLE UNITS

DIRECT BUSINESS PHONE _____

DIRECT BUSINESS EMAIL _____ WEB ADDRESS _____

NAME OF PERSON TO CONTACT FOR INSPECTION _____

PHONE AND FAX OF PERSON TO CONTACT FOR INSPECTION _____

EMERGENCY CONTACT

This information will be used by the Fire and Police Departments in case of emergency

EMERGENCY CONTACT NAME 1 _____

EMERGENCY PHONE (HOME) _____ (CELL) _____

EMERGENCY CONTACT EMAIL _____

EMERGENCY CONTACT NAME 2 _____

EMERGENCY PHONE (HOME) _____ (CELL) _____

EMERGENCY CONTACT EMAIL _____

PROPERTY OWNER CONTACT

BUSINESS TO LEASE OR OWN PROPERTY LEASE OWN

NAME OF CURRENT BUILDING OWNER _____

CURRENT OWNER'S ADDRESS _____

CURRENT OWNER'S PHONE (HOME) _____ (CELL) _____

CURRENT OWNER'S EMAIL _____

BUILDING OCCUPANCY

I WILL BE THE SOLE OCCUPANT IN THIS BUILDING YES NO

IF NO, LIST ALL OTHER OCCUPANTS FOLLOWED BY BUILDING UNIT. IF VACANT, INDICATE AND LIST UNITS ONLY.

WAS THE SPACE PREVIOUSLY VACANT? YES NO IF YES, FOR HOW LONG? _____

IF PREVIOUSLY OCCUPIED, NAME THE PRIOR BUSINESS _____

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BUSINESS INFORMATION

REASON FOR APPLICATION NEW BUSINESS BUSINESS RELOCATION BUSINESS EXPANSION
 OWNERSHIP CHANGE BUSINESS NAME CHANGE CHANGE OF USE
 NEW BUILDING OTHER _____

WHAT WILL THE PRIMARY USE OF THIS SITE BE? _____

LIST ANY SECONDARY USES _____

IF MANUFACTURING, LIST PRODUCTS: _____

WILL THE BUSINESS GENERATE SALES TAX? YES NO IF YES, ILLINOIS SALES TAX NUMBER _____

PROVIDE THE BUSINESS'S 4-DIGIT STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE _____

IN WHICH MUNICIPALITIES, IF ANY, HAVE YOU FORMERLY OWNED OR OPERATED A BUSINESS?

TYPE OF ENTITY CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

DATE OF INCORPORATION _____ STATE OF INCORPORATION _____

HOURS OF OPERATION _____ CHECK DAYS OF OPERATION

WILL ANY OPERATIONS TAKE PLACE OUTSIDE OF THE BUILDING? YES NO M T W R F Sa Su

IF YES, PLEASE DESCRIBE _____

IF APPLICABLE, WHAT IS THE GUEST SEATING CAPACITY? _____

WILL FOOD BE SOLD ON SITE? YES NO WILL ALCOHOL BE SOLD ON SITE? YES NO

DO YOU HAVE VENDING MACHINES ON SITE? YES NO IF YES, HOW MANY? _____

WILL THERE BE ANY COIN-OPERATED GAMES ON PREMISES? YES NO IF YES, HOW MANY _____

* At this Franklin Park site

EMPLOYMENT INFORMATION

TOTAL NUMBER OF EMPLOYEES* _____ MAXIMUM NUMBER OF EMPLOYEES ON SITE* _____

WILL YOU HIRE EMPLOYEES FOR THIS BUSINESS LOCATION? YES NO IF YES, HOW MANY? _____

ARE YOU INTERESTED IN POSTING A JOB ANNOUNCEMENT ON THE VILLAGE OF FRANKLIN PARK WEBSITE? YES NO

You may contact the Department of Community Development at 847-671-8276 if you would like to make an online job posting with the Village.

BUILDING INFORMATION

SQUARE FOOTAGE OF SPACE TO BE OCCUPIED _____ SQUARE FOOTAGE OF TOTAL BUILDING _____

LENGTH OF PROPERTY'S TOTAL STREET FRONTAGE _____

ARE THERE ELEVATORS ON THE PREMISES? YES NO IF YES, HOW MANY? _____

WILL YOU MAKE BUILDING IMPROVEMENTS? * YES NO PROVIDE TOTAL COST OF WORK _____

*** IF YES, ATTACH DESCRIPTION OR PRELIMINARY PLAN OF IMPROVEMENTS**

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STORAGE INFORMATION

LIST STORED MATERIALS _____

TYPE OF STORAGE CONTAINERS _____

MATERIALS ARE STORED ON _____ RACKS _____ CEMENT _____ BELOW GROUND _____ OTHER (EXPLAIN) _____

DO YOU PLAN ON STORING MATERIALS OR VEHICLES OUTSIDE THE BUILDING? YES NO

* Metropolitan Sewer District

** Occupational Safety and Health Administration

SAFETY INFORMATION

ARE YOU REQUIRED TO SUBMIT TIER 2 INFORMATION TO THE STATE OF ILLINOIS? YES NO

ARE YOU REQUIRED TO SUBMIT A CHEMICAL EMERGENCY PLAN TO THE FIRE DEPARTMENT UNDER THE ILLINOIS CHEMICAL SAFETY ACT?

YES NO IF YES, HAVE YOU SUBMITTED THE REQUIRED EMERGENCY PLAN? YES NO

LIST PRODUCTS USED AND WASTE PRODUCTS PRODUCED IN THE FACILITY _____

HOW ARE WASTE MATERIALS BEING DISPOSED OF? (LIST INDIVIDUAL PRODUCT UNDER APPROPRIATE CATEGORY)

VENTED TO AIR _____

FLUSHED DOWN SEWER _____

HAULED AWAY (WHAT COMPANY?) _____

DO YOU PAY A SURCHARGE TO THE MSD? YES NO IF YES, ID NO. _____

ARE YOU IN COMPLIANCE WITH OSHA? YES NO HAVE YOU EVER BEEN CITED BY OSHA? YES NO

CHECK IF THE BUILDING IS EQUIPPED WITH THE FOLLOWING FIRE ALARM SYSTEM BURGLAR ALARM SYSTEM

IF APPLICABLE, BURGLAR ALARM COMPANY NAME _____ PHONE _____

IS THE BUILDING PROTECTED BY A FIRE SPRINKLER SYSTEM? YES NO

* Americans with Disabilities Act

VEHICLE AND PARKING INFORMATION

IN TOTAL, HOW MANY **ON SITE** PARKING SPACES ARE AVAILABLE **FOR YOUR BUSINESS ALONE**? _____

OF THE TOTAL NUMBER OF **ON SITE** PARKING SPACES, HOW MANY WILL BE AVAILABLE FOR **ONLY** THE FOLLOWING:

CUSTOMERS _____ EMPLOYEES _____ SEMI-TRAILER TRUCKS _____

HOW MANY SEMI-TRAILER TRUCKS WILL BE PARKED **ON SITE**? _____

HOW MANY COMMERCIAL VANS OR BUSES WILL BE PARKED **ON SITE**? _____

HOW MANY LOADING DOCKS ARE PRESENT? _____

HOW MANY **ON SITE** SPACES WILL BE **ACCESSIBLE BY ADA* STANDARDS**? _____

ON AVERAGE, HOW MANY TRUCKS WILL MOVE IN OR OUT OF THE SITE IN A DAY? _____

HOW MANY VEHICLES WILL BE REGISTERED TO FRANKLIN PARK? _____

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COMMERCIAL USE LETTER INSTRUCTIONS

Please provide a COMMERCIAL USE LETTER that includes the following:

- Detailed description of business operations and background
- Reason for locating in Franklin Park
- Manager, owner or person of responsibility contact
- Business marketing packet (if available)

ADDRESS TO: John P. Schneider
 Zoning Administrator
 Village of Franklin Park
 9500 W Belmont
 Franklin Park, IL 60131

Commercial use letter must be TYPED* using company letterhead or logo.

*If you do not have access to a personal computer to type a commercial use letter, free computer use is provided at the Franklin Park Public Library located at 10311 Grand Ave, Franklin Park, IL 60131.

SITE PLAN INSTRUCTIONS

Please provide a scaled SITE PLAN based on a plat of survey. This should include the following:

Subject property

- Address, dimensions and scale
- Units located at the same address

Structures

- Existing with dimensions
- Proposed with dimensions

Parking

- On-site parking with number of spaces
- Indicate stalls to be used for customer, employee and semi-trailer truck parking

Operations

- Defined areas in which operations will take place
- Location of work or service stations
- If auto repair or service proposed, provide number of bays
- If salon proposed, provide number of chairs
- If medical office proposed, provide number of rooms
- If restaurant/bar/food establishment proposed, provide number of tables

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge and agree that I have a continuing obligation to inform the Village if there is a change in circumstances.

 INITIAL

I certify that I will complete all work required by the Building Department before occupying the site and obtain all necessary permits for any site or building work I will undertake.

 INITIAL

I certify that I will obtain a Certificate of Occupancy before occupying the site.

 INITIAL

APPLICANT SIGNATURE _____ DATE _____

NAME OF APPLICANT _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF

_____, 20____.



 NOTARY PUBLIC