



CITY OF PARK CITY

3355 Belvidere Road
Park City, IL 60085
847-623-5030 – Telephone
847-662-0119 – Fax
cityhall@parkcityil.org

Office Use Only

Business License Number _____

Date Paid _____

Year Ending _____

Please complete both pages of this Application

Separate check required form Business license do not include with water payment

BUSINESS LICENSE APPLICATION

Trade Name of Business _____

Type of Business _____

Address of Business _____

Business Telephone Number _____ Business Fax Number _____

Business Owner's Full Name _____ Telephone Number _____

Date of Birth _____ Driver's License Number _____ State _____

Address _____ City _____ State _____ Zip _____

Email Address _____

How Long Have You Owned This Business _____

Please describe the nature of operations in detail _____

Will any flammable/hazardous material be used or stored? Yes _____ No _____

If yes, please explain what type and location of storage _____

Number of Full-time Employees _____ Number of Part-time Employees _____ Number of Rooms _____

If Restaurant, Seating Capacity _____ Square Footage _____ Hours of Operation _____

List Total Numbers of: **(Separate licenses must be obtained for all noted below)**

Vending Machines _____ Amusement Devices _____ Juke Boxes _____

Please check one: Proprietorship _____ Partnership _____ Corporation _____ Non-Profit Entity _____

Business Tax ID Number _____

If Incorporated:

State of Incorporation _____ Date of Incorporation _____

Name & Address of Registered Agent _____

BUILDING PERMIT MUST BE SECURED PRIOR TO ANY WORK BEING DONE ON PREMISES.

I understand the continuation of this license is conditional upon compliance with all City Ordinances and the results of any inspections of the premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this information form under the penalty of perjury and that all information is true and correct.

Signature _____ Date _____

Signature _____ Date _____

Office Use Only

Approved By: (Initial & Date)

Park City Building Department _____ Park City Police Department _____

Gurnee Fire Department _____ Other _____

Comments _____



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EMERGENCY CONTACT INFORMATION

BUSINESS INFORMATION

Name of Business _____
Type of Business _____ Telephone # _____
Address of Business _____ Fax # _____
Business Owner's Full Name: _____ Telephone # _____
Address: _____ City _____ State _____ Zip _____

KEY-HOLDER INFORMATION

First Contact:
Name _____ Home Phone _____
Address _____ Cell Phone _____
City, State, Zip _____
Second Contact:
Name _____ Home Phone _____
Address _____ Cell Phone _____
City, State, Zip _____

OTHER EMERGENCY CONTACT

Name _____ Home Phone _____
Address _____ Cell Phone _____
City, State, Zip _____

NAME OF BUSINESS _____

Are you the building owner? _____ **YES** _____ **NO**

If No, please provide the Building Owner's Information

Name _____	Home Phone _____
Address _____	Cell Phone _____
City, State, Zip _____	

ALARM SYSTEMS

<u>Fire Protection</u>	<u>Security Protection</u>
Smoke Detectors _____ Heat Detectors _____	Burglary _____ Hold-up _____
Sprinkler System _____ Complete System _____	Complete System _____
Alarm Company _____	Alarm Company _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone # _____	Phone # _____
Knox Box _____ Yes _____ No _____	

INSURANCE INFORMATION

Company _____	Agent's Name _____
Address _____	Agent's Phone # _____
City, State, Zip _____	

ANY ADDITIONAL COMMENTS OR INFORMATION THE POLICE OR FIRE DEPARTMENTS SHOULD KNOW

