



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

Check must be for Business License only

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 _____

BUSINESS SECURITY FORM

Name of Business _____ Phone _____
Address _____ Type of Business _____
(INCLUDE SUITE OR APARTMENT NUMBER)

Complete Description of Merchandise

Hours of Operations: Weekdays _____ to _____; Sat. _____ to _____; Sun _____ to _____

Alarm Company Name _____ Phone Number _____

Location of Alarm _____

Burglar (Audible Silent) Fire Medical Auto Sprinkler

Owner's Information

Last _____ First _____ M.I. _____ D.O.B. _____

Home Address _____ City _____ St. _____ Zip _____

Home Phone _____ Cell Phone _____ Alt Phone _____

Co-Owner's Information:

Last _____ First _____ M.I. _____ D.O.B. _____

Home Address _____ City _____ St. _____ Zip _____

Home Phone _____ Cell Phone _____ Alt Phone _____

In Case of Emergency

Please List Key Holders in the Order they are to be called

All Key Holders MUST HAVE A KEY to the business and be responsible

(Information will be used in the event of a problem involving your business and will remain confidential)

#1 Name _____ Title _____

Address _____ City _____ St. _____

Home Phone _____ Cell Phone _____ Alt Phone _____

#2 Name _____ Title _____

Address _____ City _____ St. _____

Home Phone _____ Cell Phone _____ Alt Phone _____

#3 Name _____ Title _____

Address _____ City _____ St. _____

Home Phone _____ Cell Phone _____ Alt Phone _____

Form Completed by Name _____ Title _____

Please Return This Form to:

**PARK CITY POLICE DEPARTMENT
3355 Belvidere Rd.
Park City, IL 60085
Phone 847/662-2135 Fax 847/623-5046**

For Office Use ONLY

CAD ____/____ Alarm Board ____/____