



# CITY OF PARK CITY

3355 Belvidere Road  
Park City, IL 60085  
847-623-5030 – Telephone  
847-662-0119 – Fax  
[cityhall@parkcityil.org](mailto: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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# CITY OF PARK CITY

3355 Belvidere Rd.  
Park City, Illinois 60085  
(847)623-5030 - telephone  
(847)662-0119 - fax

*Office Use Only*

Business License # \_\_\_\_\_

Date faxed to GFD \_\_\_\_\_

***All information is confidential and for use only by the Park City Police and Gurnee Fire Departments***

## 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_