



COMMERCIAL OCCUPANCY ACKNOWLEDGEMENT

I, the undersigned business owner or agent thereof, for _____
opening at _____, understand and acknowledge the following:

- Payment of \$150.00 for the Commercial Occupancy Permit allows for items to be moved into the space to set up for business.
- The business must be set up and be completely ready to operate before the inspections can take place.
- After set up I will call 708-361-1804 and have the Building Department coordinate and schedule required Building, HVAC, Electric, Plumbing and Fire inspections. If selling or serving food, Cook County Health Department will also inspect.
- I may only operate business after the inspections are completed and approved, and a Certificate of Occupancy is issued to me. If a Business License is required, it shall also be paid for and will be issued with the Certificate of Occupancy.
- Both the Business License and Certificate of Occupancy are required to be displayed at the business once opened.

PRINT NAME

SIGNATURE

DATE

City of Palos Heights Deputy City Clerk
7607 West College Drive
Palos Heights, IL 60463
708-480-3003
jtomaszewski@palosheights.org



Business License Application

New Business New Owner Renewal Prospective Opening Date ___/___/___

Business Name _____

Business Address _____ City _____ State _____ Zip _____

Business Phone # _____ Business Fax # _____

Email Address _____

Principal Business Activity _____

Briefly Describe the Business _____

Federal Employer I.D. # _____ Illinois Sales Tax # _____

Type of Ownership: Individual Partnership Corporation

Corporate Name _____

Corporate Address _____ City _____ State _____ Zip _____

Corporate Phone # _____ Corporate Fax # _____

Billing/ Alternate Address (If different than business address above):

Address _____ City _____ State _____ Zip _____

Are the premises owned or leased? Owned Leased

Name of premises owner _____

Address _____ City _____ State _____ Zip _____

Does your business require a local, state, or federal license of any kind other than a general business license? Yes No If yes, attached a copy of each required license.

Square footage of premises _____ Number of Employees _____

Number of seats (if applicable) _____

Elevators: Yes No How Many _____

Will there be pool tables on the premises? Yes No How Many _____

Does your business serve food products? Yes No

If yes, please provide the following:

NAME OF SANITATION LICENSE HOLDER	LICENSE NUMBER	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your business sell cigarettes? Yes No

If yes, please indicate manner of sales type: Over the Counter Machine

Coin-operated, electronic amusement, or vending machines? Yes No

If yes, please provide the following:

TYPE OF VENDING/ COIN-OPERATED MACHINE	QUANTITY

If the business does not own the machines, please provide the name and address of vending company: _____

I/we hereby certify that all of the information contained in this application for a Business license is true and correct. Further, that any false information provided for in this application shall be grounds for revocation of the license as well as any other penalties provided by law.

In addition, the undersigned herewith makes this application for license to conduct such business as is hereafter designated on the City of Palos Heights in accordance with the Police Regulations and Ordinances of said City now in force and any others that may be enacted during the duration of the license.

 Applicant's Signature Title Date

Building Department
7607 W. College Dr.
Palos Heights, IL 60463
708-361-1804 ~ Fax 708-923-7112
Building@palosheights.org



Commercial Occupancy Permit Application

www.palosheights.org

Business Information

Real Estate Tax I.D. #: ____ - ____ - ____ - ____ Prospective Opening Date: ____ / ____ / ____

Is there any remodeling involved? Yes No

Location of Business

Address: _____

Business Name: _____

Lot: _____

Business Owner Information

First Name: _____ Last Name: _____

Home Address: _____ City/St/Zip: _____

Cell Phone: _____ Email: _____

Property Owner Information

First Name: _____ Last Name: _____

Home Address: _____ City/St/Zip: _____

Cell Phone: _____ Email: _____

Plumbing, Electrical, Fire Protection District, Cook County Health & Building Department inspections are required prior to issuance of Business License and Certificate of Occupancy. RPZ Valves must be installed in each unit of a building prior to Plumbing Inspection.

**Separate permits are required for all remodeling and signage.
Call Building Department for inspections. 24 Hour Notice Required.**

I hereby declare that the above information is correct, and I do agree, in consideration of and upon issuance of a building permit, to perform only such work as described herein. I further declare that I am the owner, his contractor or authorized agent and have permission from the owner to apply for this permit.

I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.

Applicant's Signature

Date

BELOW FOR BUILDING DEPARTMENT USE ONLY

Building Permit Number: _____

Building Permit Fee: \$150.00

Reviewed & Approved by: _____

Date: _____

ZONING REVIEW APPLICATION



Palos Heights Zoning Department
7607 W. College Drive
Ph: (708) 480-3022
aingalls@palosheights.org

APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORTING DOCUMENTS

Property Information

ADDRESS: _____

PIN: _ _ - _ - _ - _ - _ - _ - _ -

PROPERTY OWNER

NAME _____ PHONE NUMBER _____

HOME ADDRESS _____ EMAIL _____

TENANT (If Applicable)

ADDRESS _____

BUSINESS NAME _____ LOT _____

Is the business relocating from an existing location? Yes _____ No _____

If yes, address of existing location: _____

PROPOSED BUSINESS AND USE OF BUILDING / PREMISES

Attach additional documentation as necessary.

1. Describe in detail the applicant's intended use for the above mentioned Building/space: _____

Estimated Percent (%) use by floor area: (include all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Sales Area | <input type="checkbox"/> Restaurant Seating Area | <input type="checkbox"/> Kitchen/Service/Storage Area |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Automotive Repair | <input type="checkbox"/> Accounting/Finance/Insurance Offices |
| <input type="checkbox"/> Medical Offices | <input type="checkbox"/> Medical Examination Rooms | <input type="checkbox"/> Client Services (barber/salon/nail/spa) |
| <input type="checkbox"/> Studio/Training | <input type="checkbox"/> Education | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Other (describe use): _____ | |

2. Please indicate if any of the listed services will be provided at the proposed establishment:

- | | | |
|--|---|--|
| <input type="checkbox"/> Handle or Prepare Food | <input type="checkbox"/> Outdoor Seating | <input type="checkbox"/> Sell or Serve Alcoholic Beverages |
| <input type="checkbox"/> Sell or Serve Tobacco | <input type="checkbox"/> Tanning Services | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Other Unique Sales/Services (describe): _____ | | |

COMMERCIAL USE

3. Hours of Operation: _____

4. Occupancy Information – Number of FTE Employees: _____ Customer/Client Floor Area: _____

5. Professional Accreditations: If business or use requires professional licensing or certification, list licensed and certified persons to be employed and indicate the amount of time each person will be located on site.

DESCRIPTION OF BUILDING / PREMISES TO BE OCCUPIED / LEASED

Square Feet leased/ occupied: _____ Planned opening date: _____ Off-street parking spaces: _____

1. Does the building or premises have a fire sprinkler system? Yes _____ No _____
2. Describe the prior use of the space to be occupied: _____
3. Are modifications required for building/ premises? (walls, ceilings, floors, mechanicals, electric, plumbing)
Yes _____ No _____
If YES, attach a completed Application for Plan Examination & Building Permit, and all required plans for review.

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I realize that the information I have affirmed hereon establishes a basis for zoning review in connection with a possible future Certificate of Occupancy.

I acknowledge that this Application is not a Building Permit, Business License, or authorization to proceed with improvements or business operations, and the sole purpose of this Application is to describe the proposed business and use for purposes of a Zoning Review, and the City may require additional information for a possible Occupancy Permit. I am aware that occupancy of the Premises shall not occur until such time that a final inspection is made and passed, and a Certificate of Occupancy has been issued.

Applicant's Signature

Date

CITY USE ONLY

Zoning review

Current Zoning: _____ **Required Zoning:** _____ **Use allowed per current zoning:** Yes ___ No ___

Notes: _____

Reviewed & Approved By: _____ **Date:** _____

CITY OF PALOS HEIGHTS

7607 W. College Drive
Palos Heights, IL 60463
(708) 361-1800

POLICE DEPARTMENT FILE

BUSINESS EMERGENCY CONTACT INFORMATION

(ALL INFORMATION IS CONFIDENTIAL – THIS WILL BE USED IN AN EMERGENCY ONLY)

PLEASE PRINT

Name of Business _____ Type of Bsns: _____

Address _____ Suite # _____

Business Phone No. _____ Business Fax No. _____

Name of Property Owner _____

Home Address _____ City _____ State _____ Zip : _____

Home Phone No. _____ Cell Phone No. _____

Name of Business Owner _____

Home Address _____ City _____ State _____ Zip : _____

Home Phone No. _____ Cell Phone No. _____

Please list the names in order that you wish to be contacted in the event of after hour's emergency:

NAME	ADDRESS	HOME PHONE	CELL PHONE

Business Hours:

Monday _____ to _____	Friday _____ to _____
Tuesday _____ to _____	Saturday _____ to _____
Wednesday _____ to _____	Sunday _____ to _____
Thursday _____ to _____	

Name of Alarm Company _____

Address _____ Phone No. _____

Additional Comments (ie: guard dogs, weapons, safe on premises, fire alarm system, etc.)

Prepared by _____ Date _____