

## 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

STAMP \_\_\_\_\_ DATE \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

ZONING USE & CLASSIFICATION \_\_\_\_\_

PARKING REQUIREMENT \_\_\_\_\_

COMMENTS \_\_\_\_\_

**APPLICANT INFORMATION**

COMMON BUSINESS NAME \_\_\_\_\_  
 LEGAL BUSINESS NAME \_\_\_\_\_  
 BUSINESS OWNER(S) \_\_\_\_\_  
 ADDRESS TO BE OCCUPIED \_\_\_\_\_ UNIT # \_\_\_\_\_  
REQUIRED IF MULTIPLE UNITS  
 DIRECT BUSINESS PHONE \_\_\_\_\_ WEBSITE \_\_\_\_\_  
 DIRECT BUSINESS EMAIL \_\_\_\_\_  
 NAME OF PERSON TO CONTACT FOR INSPECTION \_\_\_\_\_  
 PERSON TO CONTACT PHONE (OFFICE) \_\_\_\_\_ (CELL) \_\_\_\_\_

**EMERGENCY CONTACT**

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

EMERGENCY CONTACT NAME 1 \_\_\_\_\_  
 EMERGENCY PHONE (OFFICE) \_\_\_\_\_ (CELL) \_\_\_\_\_  
 EMERGENCY CONTACT EMAIL \_\_\_\_\_  
 EMERGENCY CONTACT NAME 2 \_\_\_\_\_  
 EMERGENCY PHONE (OFFICE) \_\_\_\_\_ (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 (OFFICE) \_\_\_\_\_ (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 \_\_\_\_\_

**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/DINING SEATING CAPACITY? \_\_\_\_\_

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

WILL THERE BE VENDING MACHINES ON SITE?                      YES                      NO                      IF YES, HOW MANY? \_\_\_\_\_

WILL THERE BE VIDEO GAMING TERMINALS ON SITE?                      YES                      NO                      IF YES, HOW MANY? \_\_\_\_\_

\* At this Franklin Park site

**EMPLOYMENT INFORMATION**

TOTAL NUMBER OF EMPLOYEES\* \_\_\_\_\_ MAX EMPLOYEES WORKING AT PEAK SHIFT\* \_\_\_\_\_

WILL YOU HIRE NEW EMPLOYEES? \*                      YES                      NO                      IF YES, HOW MANY...                      FULL-TIME? \_\_\_\_\_                      PART-TIME? \_\_\_\_\_

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.

\* Measured in Square Feet

**BUILDING & SITE INFORMATION**

SIZE OF PROPERTY TOTAL AREA\* \_\_\_\_\_ SIZE OF BUILDING TOTAL AREA\* \_\_\_\_\_

SIZE OF APPLICANT UNIT/SUITE\* \_\_\_\_\_ LENGTH OF STREET FRONTAGE \_\_\_\_\_

IF APPLICABLE, FOR MULTI-TENANT BUILDINGS

WILL THERE BE ELEVATORS ON THE PREMISES?                      YES                      NO                      IF YES, HOW MANY? \_\_\_\_\_

WILL YOU MAKE BUILDING IMPROVEMENTS? \*\*                      YES                      NO                      IF YES, TOTAL COST? \_\_\_\_\_

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

**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**

HOW MANY **ON SITE** PARKING SPACES WILL BE AVAILABLE **FOR YOUR BUSINESS ALONE**? \_\_\_\_\_

HOW MANY **ON SITE** PARKING SPACES OR OTHER VEHICULAR FACILITIES ARE RESERVED FOR **ONLY** THE FOLLOWING:

CUSTOMERS \_\_\_\_\_ EMPLOYEES \_\_\_\_\_ SEMI-TRUCKS \_\_\_\_\_ WORK VANS/VEHICLES \_\_\_\_\_

LOADING DOCKS \_\_\_\_\_ SERVICE BAYS \_\_\_\_\_ GARAGE DOORS \_\_\_\_\_ OTHER \_\_\_\_\_

HOW MANY **ON SITE** PARKING SPACES WILL BE **ACCESSIBLE BY ADA\* STANDARDS**? \_\_\_\_\_

HOW MANY **OFF SITE** PARKING SPACES WILL BE AVAILABLE FROM AGREEMENTS AND CREDITS? \_\_\_\_\_

IF APPLICABLE, VERIFY WITH ZONING STAFF

ON AVERAGE, HOW MANY TRUCKS WILL MOVE IN OR OUT OF THE SITE IN A DAY/WEEK? \_\_\_\_\_

HOW MANY AND WHAT TYPE OF VEHICLES WILL BE REGISTERED IN FRANKLIN PARK: \_\_\_\_\_

**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: Nicholas Walny  
 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:

**Exterior Site Plan**

- Proposed buildings & structures with dimensions
- Addresses, unit/suite numbers, legend and scale

**Parking Plan**

- Dimensions for all on-site spaces, aisles, drive thru lanes, truck/trailer spaces, and loading docks
- Indicate type of space (ADA, employee, customer, etc.)

**Landscaping Plan**

- Required for new developments with 15+ parking spaces
- See Chapter 12 of Village Zoning Code

**Operations and Interior Site Plan**

- Label room/unit/suite numbers, if applicable
- Define rooms and areas in which operations will take place, (i.e. Kitchen, Storage, Shop Floor, etc)
- Indicate size and location of work or service stations
- Indicate location and number of seats, tables, fixtures, or amenities in which customers will utilize, if applicable
- If vehicle repair, provide number of service bays
- If operations/storage occur outdoors, indicate such activity on the exterior site plan

**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