

VILLAGE OF HAZEL CREST  
FIRE DEPARTMENT  
2903 W. 175<sup>TH</sup> St.  
Hazel Crest, IL 60429  
Phone: (708) 335-9610

RECEIPT NO.	_____
PERIOD COVERED	_____
AMOUNT	_____
DATE	_____
INSPECTION DATE	_____
APPROVED	_____

- New Business Operations Permit
- Renewal – Business Operations Permit

\*PLEASE TYPE OR PRINT CLEARLY\*

1. NAME OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_  
STATE SALES TAX NO. \_\_\_\_\_

2. NAME(S) AND ADDRESS(ES) OF OWNER(S) OR CORPORATE OFFICER(S):  
NAME \_\_\_\_\_ NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. NAME, ADDRESS, TELEPHONE NO. AND TITLE OF SOLE OWNER, PARTNERS, MANAGER OR AGENT OF ESTABLISHMENT WITHIN THE VILLAGE:  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TITLE \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

4. PROPERTY OWNER \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

5. PROPERTY MGMT. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

6. PRINCIPAL ACTIVITY, PRODUCTS, AND SERVICES: \_\_\_\_\_  
\_\_\_\_\_

7. ACCESSORY ACTIVITIES: \_\_\_\_\_

8. FACILITIES: SQ. FOOTAGE (ALL BLDGS.) \_\_\_\_\_

9. EMERGENCY NOTIFICATION:

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (\_\_\_\_\_) \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
TITLE \_\_\_\_\_ TITLE \_\_\_\_\_

10. INSPECTION NOTICES

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (\_\_\_\_\_) \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
TITLE \_\_\_\_\_ TITLE \_\_\_\_\_

11. ANY SPECIAL HAZARDS? (PLEASE LIST) \_\_\_\_\_  
\_\_\_\_\_

12. HOURS OF BUSINESS: SUNDAY \_\_\_\_\_ MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_  
WEDNESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_

13. IS YOUR COMOPANY PLANNING TO EXPAND WITHIN THE NEXT 12 MONTHS?

YES  NO  BEYOND 12 MONTHS? YES  NO   
IF YES, AMOUNT OF FACILITY EXPANSION \_\_\_\_\_

14. NUMBER OF CURRENT EMPLOYEES: THIS OFFICE/BRANCH \_\_\_\_\_  
TOTAL CORPORATION \_\_\_\_\_ IN HAZEL CREST, NUMBER OF EMPLOYEES 6 MONTHS AGO \_\_\_\_\_

15. ALARM SYSTEM ON PREMISES? YES  NO  **IF YES - ALARM SYSTEM PERMIT IS REQUIRED**  
IF YES, TYPE OF ALARM: \_\_\_\_\_ ALARM CO. \_\_\_\_\_  
WHERE IS ALARM MONITORED: \_\_\_\_\_ ALARM CO. TELEPHONE: \_\_\_\_\_

16. THE APPLICANT CERTIFIES THAT THE ABOVE FURNISHED INFORMATION IS CORRECCT, AND IS BEING FURNISHED TO THE PRESCRIBED AUTHORITIES OF THE VILLAGE AS EVIDENCE TO INDUCE SUCH AUTHORITIES TO ISSUE A BUSINESS OPERATION PERMIT FOR THE PURPOSES INDICATED HEREIN, IN CONFORMITY WITH CURRENT EFFECTIVE ORDINANCES AND RATES THEREIN. FAILURE TO COMPLETE ENTIRE FORM WILL RESULT IN DELAY OF ISSUING PERMIT.

SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_  
PRINT NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SUBMISSION OF THIS APPLICATION AND FEE DOES NOT INDICATE A LICENSE HAS BEEN ISSUED AND NO BUSINESS SHOULD BE TRANSACTED UNTIL THE APPROPRIATE PERMIT HAS BEEN ISSUED.

**OPTIONAL:** DO YOU HAVE A NEED AND INTERESET IN EMPLOYEE TRAINING?

YES  NO   
IF YES: SKILL SPECIFIC  ATTITUDE MOTIVATION   
BASIC SKILL (READING, WRITING)   
TRAINING FOR EXISTING EMPLOYEE  PRE-EMPLOYMENT TRAINING FOR PROSPECTIVE EMPLOYEE