



BUSINESS REGISTRATION FORM

VILLAGE OF OLYMPIA FIELDS

20040 Governors Highway, Olympia Fields, IL 60461

(708) 503-8000 ♦ Fax: 708-503-8002

www.olympia-fields.com

Date of Application:	Type of Business:	Registration/Health Inspection Fees:
BUSINESS INFORMATION		
Employer ID# or Federal Tax ID #	PIN #	
Name of Business:		
Location Address:	Suite:	
<i>If Mailing Address is Different:</i>		
Business Telephone Number:	Business Fax Number:	
Email Address:	Website:	
BUSINESS OPERATIONS INFORMATION		
Business Owner/Corporation Name:	Email Address:	
Business Owner/Corporation Address:		
City, State and Zip:	Owners/Corporate Phone:	
Manager's Name:	Number of Employees:	
Hours of Operation:	Not For Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE ATTACH COPIES OF LICENSES FROM DCFS, FOOD SANITATION AND COSMETOLOGY		
Does your Business require a license from the State of Illinois? If yes, please provide a copy. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you plan to sell or serve food? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prepackaged <input type="checkbox"/> Prepared <input type="checkbox"/> Caterer <input type="checkbox"/> Restaurant	Do you hold a Food Sanitation Certificate? If yes, please provide a copy. <input type="checkbox"/> Yes <input type="checkbox"/> No	
BUILDING AND FACILITY INFORMATION		
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease	Square Footage of Business: _____	Is your business home-based? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, an alarm permit application is required to be completed and on file.		
MANAGEMENT COMPANY INFORMATION		
Lease Date:	Lease Amount:	Management Company Telephone Number:
Management Company Name:		
Management Company Address:		
PROPERTY OWNER INFORMATION		
Property Owner Name:	Property Owner Telephone Number:	
Property Owner Address:		

KEYHOLDER/EMERGENCY INFORMATION (MUST PROVIDE MINIMUM OF THREE)

Name:	Address	Phone:
Name:	Address	Phone:
Name:	Address	Phone:

SENIOR CARE/CHILD CARE FACILITIES

Is your facility licensed by the State of Illinois? If yes, please provide copy of license. Yes No
 Child Care Senior Care How many children/seniors? _____

PLEASE READ AND SIGN

All new business opening in the Village of Olympia Fields must pass a building inspection and a fire inspection before the business registration certificate and certificate of occupancy is issued. In addition, all food businesses will be required to pass a health inspection before the certificate can be issued at an additional fee of \$60.00. The health inspection is an additional annual fee of \$120.00

All renewal applications and fees must be received by January 31 of each calendar year. Failure to complete and return application may result in the assessment of fees or fines in accordance with Ordinance 2001-13.

I agree to abide by all rules, regulations and Ordinances of the Village of Olympia Fields. I further state that all of the information above is true and accurate to the best of my knowledge.

Signature:	Date:
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TO BE COMPLETED BY BUILDING AND ADMINISTRATION ONLY

Date Application Received:	By:
If New Business, Date Approved by Building Department:	
Date Certificate Mailed:	
Site Visit Date:	By:
Renewal Notice Date:	Final Notice Date:

Notes/Additional Comments: