

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

**OCCUPANCY PACKET**

**&**

**BUSINESS LICENSE APPLICATION**

Valid from May 1<sup>st</sup> to April 30<sup>th</sup>

YOU ARE HEREBY NOTIFIED THAT BEFORE THE PREMISES AT

**In Franklin Park, Illinois, 60131**

Before the Property can be occupied, the new owner/tenant must obtain an Occupancy Permit. Applications for Occupancy Permits shall be obtained at the Building Department, 9500 Belmont Avenue, Franklin Park, Illinois, Second Floor. Packet must be filled out completely and returned to the Building Department.

***For Office Use Only:***

***Zoning***

*Approved:* \_\_\_\_\_ *Denied:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Zoning Classification:* \_\_\_\_\_

***APD #*** \_\_\_\_\_

***Zoning Comments:*** \_\_\_\_\_

\_\_\_\_\_

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Dear Applicant:

The enclosed Vital Information Form has been prepared to collect vital information needed by the Fire, Police, Health, Zoning, Plumbing, Electrical and Building Department.

This information will be used in our normal daily operation and during emergency situations.

We request that the enclosed information be completed and returned within ten (10) days after receipt.

Information changed should be reported to the Building Department within thirty (30) days of change. Our administrator may be contacted by phoning (847) 671-8245.

The Village recommends that one individual in your company be given the responsibility for the continuous updating of this form. Thank you for your cooperation.

Respectfully,

Carmen Cupello  
Building Department Director

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## COMMERCIAL “USE” LETTER

In order for the Village of Franklin Park to better understand the operations of your business, please supply a letter on your company letterhead or with your company logo addressed to, John Schneider, Zoning Administrator including the following:

1. Operations and tasks. Please describe in detail your type of business.
2. Background of Business.
3. Manager, owner, person of responsibility contact.
4. Number of persons to be working at facility.

Thank you for your cooperation in this matter.

John Schneider, Zoning Administrator

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**PROFILE OF BUSINESS**  
and  
**Emergency Contact List for Police and Fire Departments**

DATE: \_\_\_\_\_ E-mail address: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS TO BE OCCUPIED: \_\_\_\_\_

COMPANY PHONE #: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

TYPE OF OCCUPANCY (EXPLAIN): \_\_\_\_\_

BUILDING SQUARE FOOTAGE: \_\_\_\_\_

**TYPE OF ENTITY**

CORPORATION : \_\_\_\_\_ PARTNERSHIP : \_\_\_\_\_ SOLE PROPRIETORSHIP: \_\_\_\_\_

DATE OF INCORPORATION: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

NUMBER OF EMPLOYEES PER SHIFT: 1 \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_

NOTE: It is requested that parties live as close to business as possible. Please Print First and Last Name and all applicable phone numbers. Thank you.

ALTERNATE EMERGENCY CONTACT NAME: \_\_\_\_\_

CONTACT PHONE #: (hm) \_\_\_\_\_ (cell) \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT NAME: \_\_\_\_\_

CONTACT PHONE #: (hm) \_\_\_\_\_ (cell) \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_

OWNERS PHONE #: (hm) \_\_\_\_\_ (cell) \_\_\_\_\_

LIST ANY HAZARDOUS, FLAMMABLE, EXPLOSIVE OR DANGEROUS MATERIAL ON PREMISES:  
(ATTACH SEPARATE LIST AS NEEDED): \_\_\_\_\_

**PLEASE CHECK ONE:**

I AM THE SOLE OCCUPANT AT THIS ADDRESS

I AM AN ADDITON TO OCCUPANT/OCCUPANTS AT THIS ADDRESS

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**DESCRIBE STORAGE OF MATERIALS AND ITS LOCATION(S):**

LIST MATERIALS STORED: \_\_\_\_\_

TYPE OF STORAGE CONTAINERS: \_\_\_\_\_

MATERIALS ARE STORED ON: RACKS...CEMENT...PAD...BELOW GROUND... OTHER (EXPLAIN):

IS THE OUTSIDE STORAGE AREA SECURED? YES  NO

\*ARE YOU REQUIRED TO SUBMIT A CHEMICAL EMERGENCY PLAN TO THE FIRE DEPARTMENT UNDER THE ILLINOIS CHEMICAL SAFETY ACT?

YES or  NO

IF "YES" HAVE YOU SUBMITTED THE REQUIRED EMERGENCY PLAN?

YES or  NO

LIST PRODUCTS USED AND WASTE PRODUCTS PRODUCED IN THE FACILITY:

HOW ARE WASTE MATERIALS BEING DISPOSED OF (list individual product under categories below):

VENTED TO AIR: \_\_\_\_\_

FLUSHED DOWN SEWER: \_\_\_\_\_

IF HAULED AWAY (what company?): \_\_\_\_\_

DO YOU PAY A SURCHARGE TO THE MSD? YES or  NO   
ID NO. \_\_\_\_\_

ARE YOU IN COMPLIANCE WITH OSHA? YES  or NO

HAVE YOU EVER BEEN CITED BY OSHA?  YES or  NO

DO YOU HAVE VENDING MACHINES ON SITE, IF SO HOW MANY? \_\_\_\_\_

NAME AND PHONE & FAX # OF PERSON TO CONTACT FOR INSPECTION:

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

PREPARED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_