

City of Markham
Building & Licensing Department
16313 Kedzie Parkway - Markham, Illinois 60428

Phone : (708) 331-4905 ext. 223/242

Fax : (708) 331-9250

For City Use Only:

Application Date: _____ Application Fee: \$ _____ License Fee: _____
Approved Date: _____ Period Covered: _____ Zoning: _____
Category: _____ Type: _____

Please check one: New Operation _____ Name Change _____ Address Change _____ Owner Change _____

Application must be completed in its entirety before it is submitted for City Council approval. Failure to complete entire form and submit all required documents will result in delay of the application review process. **Water account must be current & all other outstanding fees paid prior to issuance of a business license.**

PLEASE PRINT OR TYPE CLEARLY

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Please check one: Sole Proprietor: _____ Corporation: _____ Partnership: _____

Primary Emergency Contact: _____

Business Phone # () _____ Emergency # () _____

State Tax # _____ (F)EIN # _____

Owner/Remit To Name (If different from Above): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: () _____

Person in Charge Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please check one: Manager: _____ Corporate Office: _____ Phone #: () _____

Property Owner Name (If different then owner/remit to): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: () _____

PRINCIPLE ACTIVITY/SERVICES: _____

OF EMPLOYEES _____

OF VENDING/COIN OPERATED MACHINES _____ (Electronic games, amusement devices, pop machines, snack machines, newspaper machines, ATM machines, pay phones and all types of vending whether or not they incorporate gaming or amusement features. (ORD. #08-0-1919)

Days/Hours of Operation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
"X" if Open							
Hours							

Fire Alarm on Premises? _____ Sprinklers on Premises? _____ Type of Alarm _____
 Alarm Co. _____ Phone # () _____

Additional Information – Please complete if available:

Date Founded: _____ Type of Building: _____ Square footage: _____
 Number of Units: _____ Zoning: _____ Parcel ID _____

I certify that the above furnished information is true and correct. This application is being furnished to the prescribed authorities of the City of Markham as evidence to induce such authorities to issue a business license for the purpose indicated herein, in conformity with the current effective ordinances and rates therein.

Print Name _____ Title _____

Signature _____ Dated _____

SUBMISSION OF THIS APPLICATION AND FEES DOES NOT INDICATE THAT A LICENSE HAS BEEN APPROVED OR ISSUED. NO BUSINESS OPERATIONS SHALL BE TRANSACTED UNTIL THE APPROPRIATE LICENSE HAS BEEN APPROVED BY THE CITY OF MARKHAM.

FOR OFFICE USE ONLY

FIRE INSPECTION REPORT

_____ All requirements met/occupancy permitted
 _____ No compliance/no occupancy

Comments _____

Inspected by: _____ Date: _____

BUILDING INSPECTION REPORT

_____ All requirements met/occupancy permitted
 _____ No compliance/no occupancy

Comments _____

Inspected by: _____ Date: _____

IF NEEDED Health _____ Electric _____ Plumbing _____