



## City Of Markham

16313 Kedzie Parkway ● Markham, Illinois 60428

Phone (708) 331.4905 Ext. 314

Fax : (708) 331.9250

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### INSTRUCTIONS FOR NEW BUSINESS LICENSE

The City of Markham welcomes your interest in opening a business within our growing community. Our City staff and officials are available as a resource to you to answer any questions that you may have. We recommend scheduling a meeting with our City officials to discuss your prospective business plans and activities prior to entering into a lease agreement or purchase of commercial space/property.

#### **Application Procedure**

1. Prospective business completes the business license application
2. The following information must accompany the business license application:
  - a. Proof of Ownership (deed/title)
  - b. Authorization Letter from Owner of Property
  - c. Article of Incorporation, Organization or LLC
  - d. Illinois Business or Sales Tax Form/Number
  - e. Copy of Driver's License
  - f. Business plan/statement
  - g. \$150.00 Application Fee-Nonrefundable (Ord. 21-0-2294)

#### **Review of Application**

1. All applications submitted to the City of Markham will be reviewed by City staff for compliance with requirements including, but not limited to, zoning requirements. If a Planning and Zoning hearing is necessary, the application will be remanded to the Planning and Zoning Committee for approval.
2. If a hearing is not deemed necessary, the application will be reviewed by the following inspectors/departments to ensure that the business meets all requirements.
  - a. Building Inspector
  - b. Fire Inspector
  - c. Health Inspector
  - d. Plumbing Inspector – (If applicable)
  - e. Electrical Inspector – (If applicable)
  - f. Water Department – (If applicable)
3. The completed application is then forwarded to the City Clerk's office for submission to the Markham City Council for final approval. The Markham City Council meets every 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of the month.
4. Once your application is approved by the City Council, the application will be processed for issuance of a license. A debt check is conducted to verify there is no outstanding debt owed on the property or business. Once that is completed, an invoice will be generated for your license fee and any inspections that were conducted.

The business license will be issued upon the completion and approval of the above steps 1 through 4.

**\*NO BUSINESS IS ALLOWED TO OPERATE UNTIL THE ABOVE PROCESS IS FULLY COMPLETED\***



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Fee \$ \_\_\_\_\_  
File# \_\_\_\_\_  
Date \_\_\_\_\_  
Received By \_\_\_\_\_

## BUSINESS LICENSE APPLICATION

New Business       Renewal       Change of Location/Owner

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Sole Proprietorship       Partnership       Corporation       Non-profit

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Employer ID # or Federal Tax ID #: \_\_\_\_\_ Sales Tax Number: \_\_\_\_\_

Brief description of service or product: \_\_\_\_\_

Business Owner/Corporation Name: \_\_\_\_\_

Business Owner/Corporation Address: \_\_\_\_\_  
Number City State Zip Code

Owners/Corporate Phone: \_\_\_\_\_ Owners/Corporate Fax: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Do you have hazardous or flammable material on premises?  Yes  No

Does your business require a license from the State of Illinois?  Yes  No If yes, please provide a copy

Do you plan to sell or serve food?  Yes  No

Do you hold a Food Sanitation Certificate?  Yes  No If yes, please provide a copy

Do you plan to offer Child Care/Senior Care?  Yes  No

What type of service will you provide?  Child Care  Senior Care How many children/seniors? \_\_\_\_\_

Is your facility licensed by the State of Illinois?  Yes  No If yes, please provide a copy of license

Do you:  Own  Rent/Lease Do you have a sprinkler system on the premises?  Yes  No

Do you have a fire alarm on premises?  Yes  No Type of Alarm: \_\_\_\_\_

Name of Fire Alarm Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Will you have vending/coin-operated machines on the premises?  
 Yes  No If yes, how many machines? \_\_\_\_\_

Will you have video gaming/gambling machines on the premises?  
 Yes  No If yes, how many 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)

A separate application must be completed for coin-operated machines/gaming machines

**To be completed by business owner(s) or principal officer(s):**

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

(If more than two principals, please list on the reverse side the name, address, e-mail and phone number of the additional individuals.)

**Please list names and telephone numbers of at least (2) persons as emergency contact.**

**Name:** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Review and Sign**

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

No license shall be issued for the conduct of any business and not permit shall be issued for anything or act, if the premises and building to be used for the purpose do not fully comply with the requirements of the City including, but limited to, zoning, building inspection and fire inspection. Furthermore, all food related businesses will be required to pass a health inspection prior to the issuance of a certificate.

Submission of this application and associated fees does not indicate that a license has bee approved or issued. Business operations SHALL NOT be transacted until the appropriate license has bee approved and issued by the City of Markham.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fire Department:      Approved/Denied \_\_\_\_\_  
*Signature*

Date \_\_\_\_\_

Building Department      Approved/Denied \_\_\_\_\_  
*Signature*

Date \_\_\_\_\_

Health Inspection      Approved/Denied \_\_\_\_\_  
*Signature*

Date \_\_\_\_\_

Water Department      Approved/Denied \_\_\_\_\_  
*Signature*

Date \_\_\_\_\_