



City Of Markham

16313 Kedzie Parkway ● Markham, Illinois 60428

Phone (708) 331.4905 Ext. 314

Fax : (708) 331.9250

E-Mail: housing@cityofmarkham.net

INSTRUCTIONS FOR RENEWAL OF BUSINESS LICENSE

Renewal Application Procedure

1. Existing business completes the renewal business application
2. The following information must accompany the renewal business license application:
 - a. Driver's license of local responsible person
 - b. Proof of Ownership (deed/title)
 - c. Rental agreement
 - d. Proof of Property Insurance/Renter's insurance (if applicable)
 - e. Article of Incorporation, Organization or LLC
 - f. Illinois Business or Sales Tax Form/Number
 - g. Form SS4 (EIN#)
 - h. Register all coin operated machines, amusement devices, pop machines, newspaper machines and all types of vending machines
 - i. Register all video gaming machines

Renewal Application Debt Check

1. A debt check is conducted to verify there is not 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.

AFTER PAYMENT OF ANY DEBT AND FEES – THE BUSINESS LICENSE WILL BE ISSUED UPON COMPLETION.



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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 _____