



Reviewed by Building Dept. _____
Reviewed by Water & Sewer Dept. _____

**VILLAGE OF FOX RIVER GROVE
305 ILLINOIS STREET
FOX RIVER GROVE, ILLINOIS 60021**

Date: _____

APPLICATION FOR LICENSE

The undersigned hereby applies for a license to conduct the business of _____
_____ in the Village of Fox River
Grove, and states, under oath, that the following facts are true:

1. Name under which business is to be conducted _____
_____.
2. Address of location at which business is to be conducted _____
_____ ; Phone Number _____ ;
Emergency Phone Number _____ .
E-mail Address _____ .
3. Nature or type of business _____ ;
Number of full-time employees (employees who work more than 30 hours per
week) _____ ; Number of part time employees _____ .
4. The location at which the business is to be conducted is owned ___ leased ___
(check one) by the applicant. If the location is leased, state:
 - a. The type of lease (yearly, monthly, etc.) _____ .
 - b. The date the lease expires _____ .
5. a. State the name of the owner(s) of the business _____

 - b. Indicate whether the owner(s) of the business is an individual _____, a
general partnership _____, a limited partnership _____, or a corporation
_____.
 - c. If the owners of the business are individuals, state the name, residence address
and telephone number of each owner.

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

d. If the owner of the business is a corporation, state the name, residence address and telephone number of the corporation's officers and each shareholder of the corporation who owns more than five percent (5%) of the corporation's stock. Also attach to this application a copy of the corporation's charter.

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

e. If the owner of the business is a partnership, state the name, address and telephone number of each partner.

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

f. If the owner of the business is a limited partnership, state the name, address and telephone number of each general partner.

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

6. Will the business be conducted by a manager or agent? Yes _____ No _____.
If yes, then state the name, residence address and telephone number of the manager.

Name _____
Residence _____
Phone _____

7. List all addresses where the owners have operated the business for which a license is sought or a similar business at any time during the past five years.

8. If the owner(s) of the business is an individual or if the business is to be conducted by a manager, state the address of all residences of the owner or manager during the past five (5) years.

9. Has the owner ever had a license to conduct the business or a similar type of business revoked or suspended? Yes _____ No _____. If yes, describe where, when and the reason for the revocation or suspension.

10. Have any of the persons listed under Paragraph 5 or the manager of the business ever been convicted of a felony or misdemeanor? Yes _____ No _____. If yes, state:
(a) the name under which convicted, (b) the place and date of the conviction, and
(c) the offense.

11. If business will sell food, maximum capacity _____.

12. If business is a laundry or dry cleaner, number of cleaning or drying units on premises _____.

13. List any vending machines on the business premises by (a) type, (b) product dispensed, and (c) prices for which product(s) dispensed is sold.

14. Illinois sales or occupation tax number _____.

15. E-mail address _____

The undersigned makes the statements above on behalf of the applicant to induce the Village of Fox River Grove to issue the license herein applied for and states on behalf of the applicant that the applicant understands and agrees that compliance with all applicable laws and village ordinances is a continuing condition for the issuance of the license.

Signed this _____ day of _____, 20_____.

Signature: _____
Title: _____

Signed and sworn to before
me this _____ day of
_____ 20_____.

NOTARY PUBLIC



Village of Fox River Grove

Police Department



Dear Business Owner in the Village of Fox River Grove,

In order for us to keep our records up-to-date we are requesting this form to be filled out and returned to the Fox River Grove Police Department. The information is needed in order to contact the owner or other designated employee in the event of a security or emergency situation during non-business hours. All information will be strictly confidential. You can email this form to frgpdrecords@foxrivergrove.org

Thank you in advance for your prompt response. **Date:** _____

Name of Business: _____

Address of Business: _____

Bus. Phone Number: _____ Bus. Email Address: _____

Owner/Manager: _____

Home Address: _____

Best Phone Number: _____ Email: _____

List in Order by Preference Emergency Call Out: (Including Owner/Manager)

1. Name: _____ Best Phone Number: _____

Home Address: _____

2. Name: _____ Best Phone Number: _____

Home Address: _____

3. Name: _____ Best Phone Number: _____

Home Address: _____

4. Name: _____ Best Phone Number: _____

Home Address: _____

For Official Use Only: Date Updated: _____

Date sent to Dispatch: _____

HAZARDOUS CHEMICAL STORAGE PERMIT & PLAN
(Please print or type all information)

1. Business Name: _____

2. Address: _____

3. Contact Name: _____

Title: _____

Telephone Number: _____

4. Fax Number and E-mail: _____

5. Do you have any Hazardous Chemical Substances from the attached list, which weigh more than ten (10) pounds or have a volume of more than five (5) gallons in any one single container on site?

Yes _____ No _____

6. If no, please sign and date below and return complete packet to the Village Hall, 305 Illinois Street, Fox River Grove, IL 60021.

I hereby certify that the information given is true and accurate:

Completed by: _____

Printed Name: _____

Title: _____

Date: _____

If yes, please complete the attached plan and return completed packet to the Village Hall, 305 Illinois Street, Fox River Grove, IL 60021.

7. Describe all Hazardous Chemical Substances which weigh more than ten (10) pounds or have a volume of more than five (5) gallons in any one single container on site.

Product Name	Location	Spill Containment Method

8. Explain how waste residuals are handled, stored and/or disposed.

9. Do you have written employee practice and education procedures in place for all employees responsible for implementing this Spill Containment Plan?

Yes _____ No _____
 If yes, please attach.

10. Potential safety problems or hazards:

11. Recent/Proposed changes:

12. Sampling location(s):

13. Please attach process flow program. (Particularly processes which may be subject to Pretreatment Standards.)

14. Pretreatment Facilities: (Including operating data)

15. Certified Operator employed?

Yes _____ No _____ N/A _____

Name: _____ Date Certified: _____

16. Periodic Compliance Report submitted?

Yes _____ No _____ N/A _____

17. Self-monitoring performed and reports submitted to Control Agency?

Yes _____ No _____ N/A _____

18. Management Plan submitted?

Yes _____ No _____ N/A _____

19. Sampling and Analysis done by :

Identify _____ Control Authority _____

20. Sampling and Analysis Procedures in conformance with 40 CFR 136.3

Yes _____ No _____ N/A _____

21. Sampling date, time, exact location, method and name of person taking the sample(s) recorded?

Yes _____ No _____ N/A _____

22. Analysis date(s), time, individual performing analysis and analytical techniques/methods used/recorded?

Yes _____ No _____ N/A _____

23. Chain of custody procedures employed?

Yes _____ No _____ N/A _____

24. Q.C./Q.A. programs implemented?

Yes _____ No _____ N/A _____

25. Required reports signed by an authorized representative of the business?

Yes _____ No _____ N/A _____

26. Required reports retained for a minimum of three years?

Yes _____ No _____ N/A _____

27. Description of Pollution Control equipment that may generate a waste stream, pollutants which are likely to be found in the waste stream and the discharge or disposal methods and location:

28. Deficiencies/Recommendations (Compliance with waste water discharge limitations, reporting requirements, self-monitoring requirements, etc)

Completed by _____

Printed Name _____

Title _____

Telephone _____

Date _____

ARTICLE IX, GROUNDWATER PROTECTION REGULATIONS –
CHEMICAL SUBSTANCE CONTROLS

Chemical Substance” means any “Extremely Hazardous Substance” listed in Appendix A of 40 C.F.R. Part 355; Any “Hazardous Substance” listed in 40 C.F.R. Section 302.4; any petroleum product including crude oil or any fraction thereof, and any of the following chemicals, metals and compounds:

- | | |
|----------------------------------|--|
| 1. 0-DICHLOROBENZENE | 45. HEXACHLORO-CYCLOPENTADIENE |
| 2. 1,1,1-TRICHLOROETHANE | 46. LEACHATE |
| 3. 1,1,2-TRICHLOROETHANE | 47. MERCURY |
| 4. 1,1-DICHLOROETHYLENE | 48. METHOXYCHLOR |
| 5. 1,2,4-TRICHLOROBENZENE | 49. MINERAL OIL |
| 6. 1,2-DICHLOROETHANE | 50. MONOCHLOROBENZENE |
| 7. 1,2-DICHLOROPROPANE | 51. OXAMYL (VYDATE) |
| 8. 2,4,5-TP (SILVEX) | 52. 0-DICHLOROBENZENE |
| 9. 2,4-D ALACHLOR (LASSO) | 53. P-DICHLOROBENZENE |
| 10. ALDICARB | 54. PENTACHLOROPHENOL |
| 11. ALDICARB SULFONE | 55. PICLORAM |
| 12. ALDICARB SULFOXIDE | 56. POLYCHLORINATED BIPHENYLS
(PCB) |
| 13. ALDRIN | 57. SELENIUM |
| 14. ANTI FREEZE | 58. SIMAZINE |
| 15. ANTIMONY | 59. STYRENE |
| 16. ARSENIC | 60. TETRACHLOROETHYLENE |
| 17. ATRAZINE | 61. THALLIUM |
| 18. BARIUM | 62. TOLUENE |
| 19. BENZENE | 63. TOXAPHENE |
| 20. BENZO (A) PYRENE | 64. TRANS-1,2-TRICHLOROETHYLENEXYLENE |
| 21. BERYLLIUM | 65. TRICHLOROETHYLENEXYLENE |
| 22. BHC-GAMMA (LINDANE) | |
| 23. CADMIUM | |
| 24. CARBOFURAN | |
| 25. CARBON TETRACHLORIDE | |
| 26. CHLORDANE | |
| 27. CHROMIUM | |
| 28. CIS1,2-DICHLOROETHYLENE | |
| CUTTING OILS | |
| 29. CYANIDE | |
| 30. DALAPON | |
| 31. DI(2-ETHYLHEXYL) – ADIPATE | |
| 32. DI(2-ETHYLHEXYL) - PHTHALATE | |
| 33. DIBROMOCHLOROPROPANE (DBCP) | |
| 34. DICHLOROMETHANE | |
| 35. DIELDRINDINOSEB | |
| 36. DIQUAT | |
| 37. ENDOTHALL | |
| 38. ENDRIN | |
| 39. ETHYLBENZENE | |
| 40. ETHYLENE DIBROMIDE | |
| 41. FLUORIDE | |
| 42. HEPTACHLOR | |
| 43. HEPTACHLOR EPOXIDE | |
| 44. HEXACHLOROBENZENE | |