



# CITY OF OAK PARK

## Department of Technical & Planning Services

### Business License Process and Application

The City of Oak Park requires all businesses to obtain a Business License prior to opening your business in the City. The purpose of a business license is to ensure that a business is operating in the correct Zoning District and that the buildings the businesses are operating within are safe and in compliance with the Building and Fire Codes.

In addition the Business License process helps the City to better understand the City's business community. The information obtained on the Business License Application will help make the City's Planning, Economic Development, Public Safety and Public Works more responsive to the business community's needs.

The annual \$150.00 Business License fee covers the costs associated with processing, inspecting and administering the program. The license year begins January 1st of each year and terminates at 12:00 midnight on December 31st of that year.

#### Steps to be completed prior to opening your business

**Before opening your business** to the public and/or beginning to conduct transactions, the following process must be followed and all required approvals must be received:

- 1) A **fully** completed Business License Application submitted and \$150.00 fee paid.
- 2) Verification by the Planning Division that the business is correctly zoned.
- 3) Fire Marshall Inspection.
- 4) Building Division Inspection.
- 5) City Council Approval of the Business License

**Important:** When you are ready to open your business **it is the responsibility of the business owner** to call the City (248) 691-7450 for all required inspections. All requests for re-inspections (Fire or Building) should call (248) 691-7450.

A new Certificate of Occupancy will be issued when all inspections have been satisfied as part of the Business License process.

Required Licenses from State and County Health Departments, the State Department of Agriculture or any other outside governmental agency must be provided to the City of Oak Park prior to opening.

**Failure to follow the above process WILL result in delays to the business opening.**

## Business Pre-Inspection Checklist

Please review this checklist before inspections take place. Any deficiencies may lead to the delay of your business opening.

- 1. Fire Extinguishers:**
  - Each fire extinguisher must have a minimum rating of 2A:10BC
  - A portable extinguisher must be available within 75 feet of travel to all portions of the building, unobstructed and clearly visible.
  - The date of the last extinguisher service must be within the last 12 months.
- 2. Exits:**
  - The exit door(s), corridor and stairs must be clear and unobstructed.
  - The exit door(s) open without slide locks or bolts.
- 3. Combustible Materials:**
  - Combustible materials are at least three (3) feet away from appliances.
  - Flammable liquids are stored in approved container, cabinets or safety cans.
  - Combustible materials are not to be stored under a staircase.
  - No storage of material within two (2) feet of the ceiling.
- 4. Interior and Exterior:**
  - Walls and ceilings are free from holes, loose paint, cracks, etc. All ceiling tiles are in place and free from damages and stains.
- 5. Restrooms:**
  - Code compliant sign must be installed adjacent to the restroom door.
- 6. Address Numbers:**
  - Numbers that indicate the building address must be clearly visible from the street side of the building. Minimum of 4 inches high and ½ wide in contrasting color to the background. Including suite numbers.
- 7. Electrical:**
  - Wall outlets, switches and all electrical boxes shall have cover plates and are not overloaded.
  - Cords and cables are in good condition.
  - Extension cords are U.L. listed outlet bar type (surge protector style).
  - Wall outlets by water sources must be GFCI outlets.
  - Electrical panel circuits must be labeled.
  - All exit/egress lights must function properly.
- 8. Trash Dumpsters:**
  - The dumpster is at least five (15) feet from any building, window or opening, or has a sprinkler head above it.
- 9. Fire Alarm (as applicable):**
  - The fire alarm system is in working condition; it has been serviced and tested by a state licensed fire alarm contractor within the past 12 months (keep a copy of the report on file).
- 10. Fire Sprinkler/Standpipe Systems:**
  - A state licensed fire suppression contractor has conducted a test of the system within the past five year.
  - There is at least eighteen (18) inches clearance below the fire sprinkler heads.
  - The system is maintained in working condition.
- 11. Contact Numbers:**
  - Names & Phone Numbers of people to contact in case of emergency (Alarm, Broken Window, etc.) are to be given to the Public Safety Department.
- 12. Burglar Alarm:**
  - If a building is alarmed, what company is it through, name and telephone number. If not alarmed are there future plans for an alarm.
- 13. Licenses:**
  - Provide a copy of any State, or County License or Permit required to operate your business.
- 14. Exterior Lighting:**
  - Note any exterior lighting on building and whether it is motion activated or not.



# City of Oak Park

## Business License Application

Please fill out **COMPLETELY**

Fee: \$150.00

License Number: \_\_\_\_\_

### **BUSINESS INFORMATION**

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

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

### **MAILING ADDRESS** (if different from above)

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

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **BUSINESS TYPE** (check one):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retail  | <input type="checkbox"/> Restaurant, Sit-down   | <input type="checkbox"/> Restaurant, Carry-out         |
| <input type="checkbox"/> Day Care  | <input type="checkbox"/> Office                 | <input type="checkbox"/> Auto Service or Repair        |
| <input type="checkbox"/> Gas Station   | <input type="checkbox"/> Industrial             | <input type="checkbox"/> Bank, Credit Union, Financial |
| <input type="checkbox"/> Hair / Nail Salons, Barber shops - # of stations: _____ | <input type="checkbox"/> Warehouse (type) _____ |  |
| <input type="checkbox"/> Other (please describe): _____                          |   |  |

**Please describe nature of your business:** \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Proposed Opening Date (**Subject to approval**): \_\_\_\_\_

Square footage of Business/Building \_\_\_\_\_ Number of parking spaces available on site \_\_\_\_\_

Ownership:  Corporation  Individual  Partnership  LLC  Limited Partnership

Corporation Name: \_\_\_\_\_

Qualified Agent Name: \_\_\_\_\_

### **Business Owner(s) Information:**

(1) Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

(2) Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Building Owner or Management Company Information:**

Name: \_\_\_\_\_ Qualified Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information (After Hours):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Alarm Company:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

**Please attach a list of any Flammable or Toxic Materials Stored in Building.**

I hereby certify that I am the owner, or am authorized to act on behalf of the owner, of the above-described business. I further certify that to the best of my knowledge this is a true and correct application and understand the falsification of this application is cause for revocation or suspension of this license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**City Office Use Only**

Denial Date: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Planning Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning: \_\_\_\_\_ Conditions: \_\_\_\_\_

Building Approval: \_\_\_\_\_ Date: \_\_\_\_\_