

BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____ ADDRESS: _____

BUSINESS OWNER'S NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

BUSINESS PHONE: _____ HOME PHONE: _____

TYPE OF BUSINESS: _____ WHOLESALE: _____ RETAIL: _____

STATE TAX NO.: _____ THE VILLAGE OF STEGER MUST BE NAMED ON YOUR STATE TAX FORM AS RECEIPT OF SALES TAX

Return completed application, along with \$50.00, non-refundable, to cover inspection fees to the Village Clerk's Office. The completed application will go before the Village Board for temporary approval.

In accordance with Ordinance No. 895, all inspections on the business must be made and the property brought into compliance with all pertinent State and Village Codes within 45 days from the issuance of the **TEMPORARY APPROVAL** or the business license will terminate. At that point, you will not be allowed to conduct business until such time as the property is brought into compliance with State and Village Codes and the Village Board grants final approval.

In accordance with Ordinance No. 850, it shall be unlawful for any person, firm or corporation to paint, erect, construct, alter, relocate, expand or change the face of any sign within the Village unless a permit has been issued by the Village of Steger. (see attached sign permit application)

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

CURRENT ZONING OF PROPERTY: _____ ZONING REQUIRED: _____

INSPECTIONS:	BUILDING	DATE: _____	APPROVED BY: _____
	FIRE	DATE: _____	APPROVED BY: _____
	HEALTH	DATE: _____	APPROVED BY: _____

INSPECTION FEES: AMOUNT PAID: _____ DATE PAID: _____ RECEIPT #: _____

COPIES DISTRIBUTED TO: Code Enforcement: _____ Water Billing: _____

TEMPORARY APPROVAL GRANTED BY VILLAGE BOARD ON: _____

DATE	INSPECTIONAL SERVICES VILLAGE OF STEGER SIGN PERMIT APPLICATION	PERMIT NUMBER
DRAWINGS <input type="radio"/>		ANNUAL FEE
ATTACHED <input type="radio"/>		

NAME

ADDRESS OF SIGN (NUMBER, DIRECTION AND STREET NAME)

CITY/STATE	PHONE
-------------------	--------------

TYPE OF BUSINESS	TYPE OF SIGN	<input type="checkbox"/> ADVERTISING	<input type="checkbox"/> ILLUMINATED
		<input type="checkbox"/> BUSINESS	<input type="checkbox"/> NON-ILLUMINATED

TYPE OF PERMIT

NEW SIGN
 ADDITIONAL SEGMENT
 CHANGE OF FACE
 REHANG
 REPAIR
 REMODEL

TYPE OF SUPPORT FOR SIGN

BEAM
 CANOPY
 POLE
 BUILDING
 GROUND STRUCTURE
 ROOF

TYPE OF SIGN

FLAT
 ROOF
 SIGNBOARD
 PROJECTING OVER PUBLIC PROPERTY
 PROJECTING OVER PRIVATE PROPERTY

SIZE OF SIGN			EQUIPMENT EQUIPMENT		
LENGTH	FT.	IN.	NO. OF LAMPS:	<input type="checkbox"/> INCANDESCENT	<input type="checkbox"/> FLUORESCENT
			TOTAL WATTAGE:	<input type="checkbox"/> NEON	<input type="checkbox"/> OTHER

HEIGHT	FT.	IN.	WILL FEEDERS BE INSTALLED BY YOU?	<input type="radio"/> YES	<input type="radio"/> NO
--------	-----	-----	-----------------------------------	---------------------------	--------------------------

AREA	SQ. FT.	WILL CONNECTIONS BE MADE TO CUSTOMERS LEAD BY YOU?	<input type="radio"/> YES	<input type="radio"/> NO
------	---------	--	---------------------------	--------------------------

SIGN WILL READ:	TYPE OF SWITCH	<input type="checkbox"/> KNIFE	<input type="checkbox"/> SPECIAL
	LOCATION OF SWITCH	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> INSIDE

SIGN LOCATION:	ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION
----------------	--

The undersigned certify that the statements in this application are true and correct and that all work done under the proposed permit will conform to the requirements of the Village of Steger.

LICENSE #	NAME OF SIGN ERECTOR
NAME OF ELECTRICAL CONTRACTOR	ADDRESS
ADDRESS	PHONE NUMBER
SUPERVISOR SIGNATURE	

OFFICE USE ONLY	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED
------------------------	---

ANNUAL FEE:	SIGN INSPECTORS SIGNATURE
TOTAL FEE:	

Steger Police Department

35 W 34th STREET
STEGER, ILLINOIS 60475
Phone (708) 754 8121
Fax (708) 755-4977

Business emergency information sheet

Dear Business Owner/ Operator:

We are updating our files and need from you the following information:

- 1) Complete Business Name: _____
- 2) Address of Business: _____
- 3) Business Phone Number (s): _____ FAX# _____
- 4) Owners Name: _____

On the lines provided below, please furnish us with the names and phone numbers of three people *(Key Holders) that we can contact in case of emergency /and for alarms. Please list them in the order that you would like them contacted. Please PRINT or TYPE.

- 1) _____ Telephone #_() _____
- 2) _____ Telephone #_() _____
- 3) _____ Telephone #_() _____

We also need the following information about you alarm system. What type of alarms in building?

Burglar _____ Hold Up _____ Silent alarm _____
Fire _____ Audio Alarm _____
Are Doors Alarmed? front rear other _____

Cash register : Make _____ Model _____ Serial Number _____

Business Hours:

	Day	Evening
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Thank you for your assistance in this matter
Sincerely, The Steger Police Department Communications Section.

PLEASE COPY AND UPDATE AS NEEDED