



BUILDING AND HOUSING DEPARTMENT

16313 Kedzie Parkway, Markham, IL. 60428 • Phone: (708) 331-4905 ext. 314 • Fax: (708) 331-9250

BUSINESS LICENSE PROCEDURES

BEFORE APPLYING FOR A 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 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. Rental agreement
 - c. Renter's insurance (if applicable)
 - d. Article of Incorporation, Organization or LLC
 - e. Illinois Business or Sales Tax Form/Number
 - f. Copy of Driver's License
 - g. Business plan/statement
3. \$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
 - e. Electrical Inspector
 - f. Water Department
3. The completed application is then forwarded to the City Clerk's office for submission to the Markham City Council for final approval.
 - a. The Markham City Council meets every 1st and 3rd Wednesday of the month.

The business license will be issued upon the completion and approval of the above steps 1 through 3.

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



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Date of Application:		Type of Business:				
Reason for Application: <input type="checkbox"/> New Business <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Location/Owner						
BUSINESS INFORMATION						
Employer ID# or Federal Tax ID #				Sales Tax Number:		
Property Index Number:						
Name of Business:						
Location Address:						
Business Telephone Number				Business Fax Number:		
Email Address:				Website:		
Please provide a brief description of principal business activity:						
BUSINESS OPERATIONS INFORMATION						
Business Owner/Corporation Name:						
Business Owner/Corporation Address:						
City, State and Zip:						
Owners/Corporate Phone:				Owners/Corporate Fax:		
Manager's Name:				Number of Employees:		
HOURS OF OPERATION						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FOOD SERVICE, COSMETOLOGY, DCFS, PROFESSIONALS						
Does your business require a license from the State of Illinois? If yes, please provide a copy. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you plan to sell or serve food? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you hold a Food Sanitation Certificate? If yes, please provide a copy <input type="checkbox"/> Yes <input type="checkbox"/> No			
CHILD CARE/SENIOR CARE FACILITIES						
Do you plan to offer Child Care/Senior Care <input type="checkbox"/> Yes <input type="checkbox"/> No			What type of service will you provide? <input type="checkbox"/> Child Care <input type="checkbox"/> Senior Care How many children/seniors?			
Is your facility licensed by the State of Illinois? If yes, please provide copy of license. <input type="checkbox"/> Yes <input type="checkbox"/> No						
BUILDING AND FACILITY INFORMATION						
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease				Square Footage of Business:		
Do you have a fire alarm on premise? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have a sprinkler system on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Alarm:						
Name of Fire Alarm Company:				Phone Number:		
Will you have vending/coin-operated machines on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				(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**		
If Yes, how many machines will be on the premises? _____						
Will you have video gaming/gambling machines on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, how many machines will be on the premises? _____						

MANAGEMENT COMPANY INFORMATION	
Lease Start Date:	Lease End Date:
Management Company Name:	
Management Company Address:	
City, State, Zip:	
Management Company Phone:	Management Company Fax:
PROPERTY OWNER INFORMATION	
Property Owner Name:	
Property Owner Address:	
City, State, Zip:	
Property Owner Phone:	Property Owner Fax:
EMERGENCY CONTACT INFORMATION	
Name:	Title/Position:
Address:	Phone:
City, State, Zip	
REVIEW AND SIGN	
<p>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 issue a business license for the purpose indicated herein, in conformity with the current effective ordinances and rates therein.</p> <p>No license shall be issued for the conduct of any business and no 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 not 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.</p> <p>Submission of this application and associated fees does not indicate that a license has been approved or issued. Business operations SHALL NOT be transacted until the appropriate license has been approved and issued by the City of Markham.</p>	
Print Name:	Title:
Signature:	Date:

FOR OFFICIAL USE ONLY			
Date Application Received:	By:	Principal Activity:	
Approval Date:	Fiscal Year:	Zoning:	Category:
Director Signature:	Date:		
BUILDING INSPECTION REPORT (SIGNATURE REQUIRED)			
All Requirements Met/Occupancy Permitted _____		No Compliance/No Occupancy _____	
Comments:			
Inspection Needed	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	HVAC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspected By:	Date:		
HEALTH INSPECTION REPORT (SIGNATURE REQUIRED)			
All Requirements Met/Occupancy Permitted _____		No Compliance/No Occupancy _____	
Comments:			
Inspected By:	Date:		
FIRE INSPECTION REPORT (SIGNATURE REQUIRED)			
All Requirements Met/Occupancy Permitted _____		No Compliance/No Occupancy _____	
Comments:			
Inspected By:	Date:		
WATER DEPARTMENT REPORT (SIGNATURE REQUIRED)			
Water Account Created: <input type="checkbox"/> Yes <input type="checkbox"/> No	Account Number:		
Account Created By:	Date:		
Water Account in Good Standing <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Outstanding Balance \$ _____		
Water Supervisor Signature:	Date:		