



# VILLAGE OF BEECHER

Est ♦ 1870

625 Dixie Hwy/P.O. Box 1154  
Beecher, Illinois 60401  
(708) 946-2261  
Fax: (708) 946-3764  
villageofbeecher.org

## BUSINESS OCCUPANCY PERMIT APPLICATION/RENEWAL

Office Use Only:

☐

Licensed by Village

☐

Licensed by State

**TYPE OF OWNERSHIP:** ☐ CORPORATION ☐ LLC ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP

### BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DBA: \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

FEDERAL TAX ID # (FEIN): \_\_\_\_\_ IL SALES TAX ID #: \_\_\_\_\_

DESCRIPTION OF BUSINESS ACTIVITIES: \_\_\_\_\_

MAILING ADDRESS FOR LICENSE RENEWALS: \_\_\_\_\_

BUSINESS OWNER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERSONAL PHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

### BUILDING OWNER'S INFORMATION

BUILDING OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any facts, as stated or implied, given in my application, interview(s), or other forms will be sufficient reason not to approve my application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORMS TO VILLAGE HALL OR EMAIL TO: [pmeyer@villageofbeecher.org](mailto:pmeyer@villageofbeecher.org)**

Office use only: \_\_\_\_\_

Permit # \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Annual Fee: \$50/yr / Renewal: May 1-April 30



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## CONFIDENTIAL BUSINESS INFORMATION

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### BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
DBA: \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ BUSINESS OWNER: \_\_\_\_\_  
BUSINESS OWNER'S ADDRESS: \_\_\_\_\_

### EMERGENCY CONTACTS/KEYHOLDER INFORMATION

Name: \_\_\_\_\_ Phone#s: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone#s: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone#s: \_\_\_\_\_

### ALARM & SAFETY INFORMATION

(check applicable boxes)

☐ Burglar Alarm ☐ Fire Alarm Alarm Company Name \_\_\_\_\_  
☐ Knox Box ☐ Sprinkler System Other Info \_\_\_\_\_

Does the business location have video surveillance? ☐ Interior ☐ Exterior

After Hours Cleaning Service? \_\_\_\_\_ After Hours Delivery? \_\_\_\_\_

Is there a safe on site? \_\_\_\_\_ Location \_\_\_\_\_

Other Relevant Information \_\_\_\_\_

### HOURS OF OPERATION

	MON	TUES	WED	THURS	FRI	SAT	SUN
OPEN							
CLOSE							
HOURS EMPLOYEES PRESENT							

Completed by (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This confidential form is for security/emergency use only and will not be available to the general public.  
Please provide any pertinent information that will help us assure the security of your property.

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