



"An Illinois Certified City"

**OFFICE OF THE CITY CLERK
NYOTA T. FIGGS
CITY OF CALUMET CITY**

***BUSINESS
LICENSE
APPLICATION
FORM***

BUSINESS LICENSE #

204 PULASKI RD-CALUMET CITY, ILLINOIS 60409-(708) 891-8116

**OFFICE OF THE CITY CLERK
NYOTA T. FIGGS
204 PULASKI RD – CALUMET CITY, IL 60409**

NEW RENEW OWNER CHANGE ONLY ADDRESS CHANGE ONLY NAME CHANGE ONLY

BUSINESS NAME:

BUSINESS ADDRESS:

BUSINESS PHONE #:

BUSINESS EMAIL:

DO YOU WISH TO HAVE YOUR LICENSE MAILED TO A CORPORATE ADDRESS: YES NO

CORPORATE NAME: (IF APPLICABLE)

BUSINESS EMAIL:

ADDRESS:

SQUARE FOOTAGE OF BUSINESS: DO YOU OWN OR RENT? OWN RENT

IF RENTING SPACE, LIST THE OWNER'S NAME AND ADDRESS:

DESCRIBE YOUR BUSINESS AND PRODUCTS SOLD:

OWNERSHIP INFORMATION

SOLE PROPRIETOR PARTNERSHIP LTD PARTNERSHIP CORPORATION LLC VERIFIED _____

LIST ALL OWNERS WHERE OWNERSHIP IS MORE THAN 5%. USE ADDITIONAL SHEETS IF NECESSARY. SOME BUSINESSES MAY BE REQUIRED TO OBTAIN A BACKGROUND CHECK THROUGH THE CALUMET CITY POLICE DEPARTMENT.

NAME: CELL:

HOME #: DOB:

ADDRESS:

NAME: CELL:

HOME #: DOB:

ADDRESS:

SALES TAX NUMBER:

ARE THERE ANY OTHER BUSINESSES YOU NOW OR PREVIOUSLY OWNED IN CALUMET CITY: YES NO

IF YES, PLEASE NAME THEM:

DO YOU HAVE AN ALARM SYSTEM? YES NO IF SO, WHAT TYPE? BURGLAR HOLDUP FIRE

ALARM COMPANY: PHONE #:

KEYHOLDERS TO BE CALLED IN ORDER OF PREFERENCE FOR EMERGENCY:

NAME: PHONE#: TITLE:

NAME: PHONE#: TITLE:

LICENSE MUST BE DISPLAYED AT LOCATION IN PUBLIC VIEW

A health inspection is required and other certification may apply.

A copy of all ordinances related to the above questions are available upon request. License fees shown herein are in full compliance with Calumet City Municipal code, Chapter 54-881: Business and Industry are responsible for payment on all machines.

Basic- License Fees (1/2 of fee after July 1 st)	\$150.00	(\$75.00)
Cigarette Sales	\$150.00	
Scavenger Trucks (2)	\$240.00	
Dry Cleaning Plants	\$150.00	
Storage of hazardous materials	\$30.00	
Advertising distributors	\$258.00	
Automobile Sales, including accessories	\$240.00	
Auto wrecking shops and yards	\$360.00	
Bank and savings and loan associations	\$360.00	
Barber Shop-per chair	\$60.00	
Beauty or (beauty) shops-with retail sales	\$150.00	
Beauty or Barber school	\$360.00	
Collection Agency	\$360.00	
Drug store or Pharmacy	\$240.00	
Festivals (with council approval per day)	\$75.00	
Golf Course	\$360.00	
Gun course, Fire arms, ammunition, shells, gun repair	\$300.00	
Home improvement sales and services	\$240.00	
Health Clubs	\$180.00	
Ice cream vending trucks (propelled by motor, four cylinder and up)	\$135.00	
Loan Agency (personal)	\$360.00	
Massage Parlor	\$180.00	
Marine and boat docks	\$210.00	
Movers and Storage	\$210.00	
Newspaper Agencies	\$210.00	
Public weight masters	\$90.00	
Sanitary landfill operator	\$3000.00	
Warehouse	\$210.00	
Pawnbrokers	\$3500.00	
Cash for Gold	\$3500.00	
OTHER		
TOTAL (CHECK OR MONEY ORDER)		

Number	Fees	(Other fees may apply)	Vending Machines
	.01 to .25	\$35.00	
	.26 to .50	\$60.00	
	.51 to .75	\$85.00	
	.76 to 1.00	\$110.00	
	Various/ Multiple Headed	\$160.00	
	Cigarette Vending	\$120.00	
	Juke Box	\$75.00	
	Electronic Games	\$75.00	
	Amusement Games	\$75.00	

*Only 3 are allowed by Ordinance, 40 square feet per machine.

MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF CALUMET CITY (NO CASH)

BUSINESS LICENSES ARE NOT TRANSFERABLE

Signature: _____ Title: _____

Date: _____

Revised 1/25/2018

**CITY OF CALUMET CITY
NEW BUSINESS LICENSE TRACKING SHEET**

BUSINESS NAME:

BUSINESS ADDRESS:

CITY CLERK'S OFFICE- (708)891-8110

ACCEPTED BY:

DATE:

DEPARTMENT ID INSPECTIONAL SERVICES –ZONING- (708)891-8120

ACCEPTED BY:

DATE:

LICENSING COMMITTEE-CHAIRMAN:

1ST APPROVAL:

DATE:

WATER DEPARTMENT- (708)891-8121

PAID IN FULL:

BALANCE DUE:

APPROVED:

DATE:

FIRE DEPARTMENT-(708)891-8145

DATE SENT:

APPROVED:

DATE:

DEPARTMENT ID INSPECTIONAL SERVICES- INSPECTIONS- (708)891-8120

DATE SENT:

APPROVED:

DATE:

HEALTH DEPARTMENT-INSPECTIONS- (708)891-8120

DATE SENT:

APPROVED:

DATE:

LICENSING COMMITTEE-CHAIRMAN:

2ND APPROVAL:

DATE:

MAYOR:

DATE SENT:

APPROVED:

DATE:

CLERK:

DATE SENT:

APPROVED:

DATE:

BUSINESS LICENSE #: