



FLOSSMOOR

Welcoming. Beautiful. Connected.

Application for Flossmoor Business Registration

Established Business / Renewal **New Owner** **New Business: Expected Opening Date:** _____

Business Name: _____

Address: _____ Flossmoor, Ill. 60422

Business Phone: _____ Business Fax: _____

Email: _____ Website: _____

Social Media Handles / Channels: _____

Corporate Name (if applicable): _____

Corporate Address (if applicable): _____

Corporate Phone (if applicable): _____ Corporate Fax (if applicable): _____

Principal Business Activity (Type of Business): _____

Secondary Business Activity: _____

Briefly describe your business here: _____

Federal Tax Identification Number: _____ SIC Code: _____

IL Retail Occupation Tax Number (IBT): _____ NAICS Code: _____

Do you currently have : Sales Tax Certificate Yes No • Certificate of Liability Yes No

Number of Employees: _____ Number of Seats (if applicable): _____ Square Footage: _____

Business Owner Information:

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Emergency Contact:

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Village of Flossmoor

2800 Flossmoor Road, Flossmoor, IL 60422 • 708-957-4101 • F: 708-335-5490 • www.Flossmoor.org • Info@Flossmoor.org

Does the business share an address & unit number with another business (i.e., an incubator space)? ___ Yes ___ No

Are the business premises leased? ___ Yes ___ No

If yes, please complete the **Property Owner Information** below:

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Does the business serve or sell food products? ___ Yes ___ No

If yes, please provide the following:

Name of Sanitation License Holder: _____

License Number: _____ Expiration Date: _____

Name of Sanitation License Holder: _____

License Number: _____ Expiration Date: _____

Do you store hazardous materials at your business site? ___ Yes ___ No

If yes, what type of material: _____

If yes, please submit completed MSDS sheet and return with application.

Please Note:

- **New Construction** — Will require a Certificate of Occupancy before registration will be issued
- **Existing Building** — Change of Use inspection needs to be scheduled and Certificate of Occupancy required before registration will be issued

I understand the issuance of this business registration is conditional upon compliance with all Village Ordinances, state and federal laws, and the results of any inspections required by Village Ordinances at this time and further inspections while this registration is valid. The information I have submitted in this application is complete and truthful to the best of my knowledge.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date: _____ Period Covered: _____

Village of Flossmoor

2800 Flossmoor Road, Flossmoor, IL 60422 • 708-957-4101 • F: 708-335-5490 • www.Flossmoor.org • Info@Flossmoor.org