



Community Development
Department
Planning and Zoning Division
Village of Maywood
40 Madison St.
Maywood, IL 60153
P: 708-450-4411

BUSINESS LICENSE & REGISTRATION ZONING REVIEW FORM

OFFICIAL USE ONLY

BL#:

REC#:

Businesses operating from a commercial location within the Village of Maywood are required to go through the zoning conformance review process to verify that applicable activities comply with the zoning ordinance.

BUSINESS ENTITY INFORMATION

Legal Business Name:		DBA (if applicable):									
Business Physical Address:											
Number		Street		Unit/Suite #		City		State		Zip	
Business Owner Information:		First Name:		Last Name:		Title:					
Phone:		Email:		Fax:							

BUSINESS ACTIVITY INFORMATION

Please describe your business activity in detail, using at least three sentences. (use additional sheets if necessary)

A.	Are you the owner of the subject property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Is the business currently licensed in the Village of Maywood?	<input type="checkbox"/> Yes, BL# _____	<input type="checkbox"/> No
C.	Is your business moving from one location to another on the same property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Is the business a "home occupation" or relocating to the building's 2nd floor or above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E.	Is the business activity similar to the previously licensed tenant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F.	Does the business lease space from an existing, licensed tenant in the same profession (e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G.	Is the business located in a shared office space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMERCIAL LOCATION INFORMATION

1.	How much of the space you lease is used for general office tasks (accounting, marketing, clerical, billing, correspondence, phone calls, etc.)?							
	<input type="checkbox"/> 100%	<input type="checkbox"/> 99%-76%	<input type="checkbox"/> 75-51%	<input type="checkbox"/> 50-26%	<input type="checkbox"/> 25-16%	<input type="checkbox"/> 15-1%	<input type="checkbox"/> None	
2.	Are you operating a business that has obtained an entitlement through the Plan Commission/ZBA?							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	If Yes, please list case #:							
3.	Does the business use, promote and allow for a walk-in clientele?							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	If No, please explain:							
4.	Do you prepare or sell food at this location?				Do you have customer seating?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	Do customers purchase food at a walk-up counter?				Do wait staff take orders from the table?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.	Describe the food sales:							
7.	Does this business involve the sale of alcohol?				Alcohol license type:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No							

If Yes, an alcohol entitlement approval is required prior to any alcohol sales. Contact the Planning Division at 708-450-4411 for information.

Complete next page

VILLAGE OF MAYWOOD BUSINESS LICENSE—COMMERCIAL ZONING REVIEW FORM

8.	What was the name of the previous business at this location?			
9.	What was the previous use of this space (<i>e.g. general office, post-production, retail</i>)?			
		Enter the date that the previous business vacated space.	Month	Day
				Year
NOTE: If you are unsure of any of the above information, please contact the building owner or your leasing agent.				
10.	Do you share this space with a separate business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shared space business name:	
11.	On which floor is the business located?			
12.	What is the square footage of the space that you lease? (<i>This is information that is included in your lease.</i>)			
13.	Do you store products at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much product is stored?	
14.	Describe the products stored on-site:			
15.	Describe pick up and delivery:			
16.	Do you manufacture products at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, describe the manufacturing process and product pickup and delivery procedures: (<i>use additional sheets if necessary</i>)			

ACKNOWLEDGEMENT

I certify under penalty of perjury that all statements made in this application are, to the best of my knowledge, true and correct, and that I have completed this application. I authorize the Village of Maywood to verify all statements and information provided on this application. I further agree to comply with all of the Codes and Ordinances of the Village of Maywood, including the Maywood Zoning Ordinance and adopted Building codes.

Business Owner Printed Name

Business Owner Signature

Date

OFFICIAL USE ONLY

Business Description:

Zone:		Permitted land use:		SMMC Section:	
Entitlement(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		Entitlement(s) required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Case #:		If yes, type required:			
<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Existing Business	<input type="checkbox"/> Address <input type="checkbox"/> Business Activity <input type="checkbox"/> Ownership <input type="checkbox"/> Other (<i>specify</i>):			

Comments:

REVIEW AND DETERMINATION

☐ Permitted Use—Approved

☐ Non-Permitted Use—Denied

Planning Staff Printed Name

Signature

Date

Title

Email

Extension