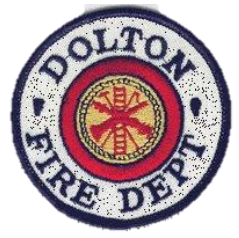




# Fire Department Business License Application



14011 Park Avenue, Dolton, Illinois 60419  
Phone: 708.849.2145 Fax: 708.201.3234

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Cannot be a P.O. Box) Street Apt/Unit City State Zip

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Hours of Operation: Mon-Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Alarm System on Premises: \_\_\_Yes \_\_\_No If yes, List Monitoring Company \_\_\_\_\_

Fire Alarm System on Premises: \_\_\_Yes \_\_\_No If yes, List Monitoring Company \_\_\_\_\_

# of Employees \_\_\_\_\_ Building Value \$ \_\_\_\_\_ Contents Value\$ \_\_\_\_\_  
(Estimate) (Estimate)

Type of Business: \_\_\_\_\_

Flammable Liquid Use/Storage(please specify) \_\_\_\_\_

Flammable Gasses Use/Storage(please specify) \_\_\_\_\_

Gross Flr Area \_\_\_\_\_Sq. Feet Gross Off Area \_\_\_\_\_Sq. Feet Gross Strg. Area \_\_\_\_\_Sq. Feet

**Key Holders, Managers and Responsible Employees to Notify in Case of Emergency  
(Please list in order to be called)**

_____	_____	_____	_____
Name	Home Phone	Cell	Email
_____	_____	_____	_____
Name	Home Phone	Cell	Email
_____	_____	_____	_____
Name	Home Phone	Cell	Email

**I understand that the issuance of this license is conditioned upon compliance with all the Village of Dolton ordinances, the results of any inspection of the above premises and any subsequent inspection while this license is in force. I further understand that if at anytime any of the above information changes, including ownership or incorporation, I will dutifully notify the Village of Dolton.**

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_