



# BUSINESS & NON-RESIDENTIAL USE COMPLIANCE CERTIFICATE APPLICATION

Village of Morton Grove  
6101 Capulina Avenue  
Morton Grove, Illinois 60053

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

**1. TYPE OF COMPLIANCE CERTIFICATE:**  New Business  Renewal / Existing Business (Same Location)  Existing MG Business – New Location  Sale of Existing Business (i.e. existing business/change in ownership)

**2. ZONING/PLANNING:** *Before filing this application with the Finance Department*, you must confirm business use complies with the Unified Development Code (Title 12). Please fill out the business zoning inquiry form and submit to Commercial and Economic Development Department: <http://www.mortongroveil.org/UserFiles/File/Forms/BusinessZoningInquiryForm.pdf>

Office Use Only – Zoning Review
Is use permitted by right? <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO and if a Variation was required, what is ZBA Case #? _____ ZBA Approval Date?: _____
If NO and if a Special Use was required, what is PC Case #?: _____ PC Hearing Date: _____
What is the Ordinance #?: _____ Board of Trustees Approval Date?: _____

### 3. BUSINESS / ORGANIZATION INFORMATION

Business/Organization Name: \_\_\_\_\_

Business/Organization Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Website: \_\_\_\_\_

Corporate Name (If other than Business / Organization Name): \_\_\_\_\_

Corporate Billing Address (If other than Business / Organization Address):

\_\_\_\_\_  
Street City State ZIP

Type of Business/Organization:

- Individual Business  Partnership  Privately Held Corporation  Publicly Held Corporation  Association
- Religious Organization  Non-Profit Organization  Tax Exempt Org. (attach IRS 501 (c)(3) letter)

Description of Business / Organization – Include primary business activities and all accessory uses (ref: MG Code Titles 4 and Title12):

\_\_\_\_\_  
\_\_\_\_\_

Exact square footage of business \_\_\_\_\_

Number of Full-time Employees: \_\_\_\_\_ Number of Part-time Employees: \_\_\_\_\_

SIC Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ IL Business Tax Number (IBT) \_\_\_\_\_

Date Business/Organization Started: \_\_\_\_\_ Date Established at this Address: \_\_\_\_\_

**4. PROPERTY OWNER INFORMATION**

If *Property Owner differs from Business/Organization Information*, 3. above, please provide Property Owner information below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

**5. BUSINESS OPERATIONAL INFORMATION (FOR PRINCIPAL AND ACCESSORY USES)**

*If you answer YES to any of the following questions, please contact the appropriate Village Department for additional Information and applications.*

Yes  No Do you anticipate applying for a liquor license?

If YES, contact the Village Administrator's Office @ (847) 663-3005 for liquor licenses applications and review process (added)

Yes  No Do you anticipate applying for a video gaming / gambling license?

If YES, contact the Assistant Village Administrator @ (847) 663-3002 for video gaming / gambling licenses applications and review process (added)

Yes  No Do you plan to sell food or drinks?

If YES, contact the Finance Department regarding food and beverage sales tax requirements @ (847) 470-5243

Yes  No Will you be preparing food?

If YES, Contact the Health Department Sanitarian @ (847) 663-3048 for food preparation health standards and regulations (added) and the Building Department @ (847) 663-3040 to apply for related building permits

Yes  No Will you be selling tobacco or tobacco paraphernalia?

If YES, contact the Village Administrator's Office @ (847) 663-3005 for tobacco license applications and review process

Yes  No Will you doing any modifications to the building (interior or exterior)?

If YES, contact the Building Department for building permit requirements @ (847)663-3040 and the Fire Department for any life safety/fire prevention requirements @ (847)663-3943

Anticipated Opening Date: \_\_\_\_\_

**HOURS OF OPERATION**

Monday	_____	until	_____	Friday	_____	until	_____
Tuesday	_____	until	_____	Saturday	_____	until	_____
Wednesday	_____	until	_____	Sunday	_____	until	_____
Thursday	_____	until	_____	Holiday	_____	until	_____

**6. EMERGENCY CONTACT INFORMATION**

	NAME	ADDRESS	PHONE
1.	_____		
2.	_____		
3.	_____		

Alarm System Information: Do you have an alarm system?  YES  NO

If YES, please contact the Police Department at 847-470-5208 to register the system

**7. AFFIDAVIT**

I hereby certify that I am a duly authorized agent of the Business / Organization making this application and that I am empowered to bind said Business / Organization to all terms and conditions of the license. I understand that the issuance of the license and the license's continuation is conditioned upon compliance with all applicable codes, ordinances and laws. I agree to pay all fees associated with the license and to submit the premises to inspections in accordance with all codes and ordinances. I understand that failure to comply with all applicable ordinances and laws may result in revocation of the license and the privilege to conduct business in the Village of Morton Grove. I hereby affirm that all information on this application is complete and truthful to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY: INSPECTION APPROVALS**

Building Dept.	Approved	<input type="checkbox"/> YES	<input type="checkbox"/> WITH CONDITIONS	<input type="checkbox"/> NO	Date: _____	Initials _____
Planning & Zoning	Approved	<input type="checkbox"/> YES	<input type="checkbox"/> WITH CONDITIONS	<input type="checkbox"/> NO	Date: _____	Initials _____
Health Dept.	Approved	<input type="checkbox"/> YES	<input type="checkbox"/> WITH CONDITIONS	<input type="checkbox"/> NO	Date: _____	Initials _____
Fire Dept.	Approved	<input type="checkbox"/> YES	<input type="checkbox"/> WITH CONDITIONS	<input type="checkbox"/> NO	Date: _____	Initials _____
Police Dept.	Approved	<input type="checkbox"/> YES	<input type="checkbox"/> WITH CONDITIONS	<input type="checkbox"/> NO	Date: _____	Initials _____
Administration Dept.	Approved	<input type="checkbox"/> YES	<input type="checkbox"/> WITH CONDITIONS	<input type="checkbox"/> NO	Date: _____	Initials _____

Total Fee Due (per attached fee schedule on Pages 4): \$ \_\_\_\_\_ Date Compliance Certificate Issued: \_\_\_\_\_

**FOR OFFICE USE ONLY: STAFF COMMENTS**

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# Fee Schedule

Unless otherwise noted, fees are based on the square footage of the business/organization, by type of use

**GENERAL COMMERCIAL/NON-RESIDENTIAL USES**

Unless otherwise specified below, Compliance Certificate fees shall be as follows:

<input type="checkbox"/>	0 - 1,000	\$ 100
<input type="checkbox"/>	1,001 - 2,500	150
<input type="checkbox"/>	2,501 - 5,000	200
<input type="checkbox"/>	5,001 - 10,000	250
<input type="checkbox"/>	10,001 - 20,000	300
<input type="checkbox"/>	20,001 - 30,000	400
<input type="checkbox"/>	30,001 - over	500

**FOOD ESTABLISHMENT (In addition to General Fee, above)**

A building or premises or a portion thereof which is used for the sale or dispensing or distribution or serving of food or foodstuff for consumption on or off the premises including, but not limited to, restaurants, delicatessens, minimarts, catering establishments, and supermarkets.

<input type="checkbox"/>	0 - 1,000	\$ 100
<input type="checkbox"/>	1,001 - 2,500	150
<input type="checkbox"/>	2,501 - 5,000	200
<input type="checkbox"/>	5,001 - 10,000	250
<input type="checkbox"/>	10,001 - 20,000	350
<input type="checkbox"/>	20,001 - 30,000	400
<input type="checkbox"/>	30,000 - Over	500

**HEALTH CLUB (In addition to General Fee, above)**

A Business / Organization either selling memberships as a condition of entry, or open to the general public which provides services and facilities assisting the individual with physical conditioning, programs to reduce or lose body weight and/or offer tanning services. Health clubs or centers may, but are not limited to, offering exercise equipment, body building equipment, exercise rooms, aquatic facilities, weight reducing programs, or tanning beds.

<input type="checkbox"/>	0 - 5,000	\$ 250
<input type="checkbox"/>	5,001 - 10,000	500
<input type="checkbox"/>	10,001 - 20,000	1,000
<input type="checkbox"/>	20,001 - 40,000	1,500
<input type="checkbox"/>	40,001 - 60,000	2,000
<input type="checkbox"/>	60,001 - over	2,500

**HOME OCCUPATIONS -**

"An allowable gainful occupation or profession conducted by a member of the immediate family residing on the premises and where the Business /Organization or profession is conducted wholly within the dwelling.

*All Home Occupations must comply with Section 12-3-4 of the Municipal code, and include Attachment "A" "Home Occupation Checklist" to this application.*

- New Home Occupation \$100
- Existing Home Occupation – Annual Renewal \$25

**Special Business / Organization Activities and Machines:**

- Alarm Installation \$150
- Amusements \$750 or \$100 per day
- Auctioneer, per day (#\_\_\_\_) \$100
- Auctioneer, per year \$250
- Carnival \$100 per day
- Carnival parade permit \$250
- Fireworks Display \$500 per day
- Gasoline Service Station, per nozzle (#\_\_\_\_) \$50
- Temporary outdoor sales \$200
- Vending:**
- Beverage Dispenser \$100
- Coin Changer \$50
- Food Items \$100
- Laundry Items \$50
- Lottery Tickets \$50
- Pop/Chips/Snacks \$50
- Toys \$50
- Videogaming Terminal \$250
- Games/Rides/Music \$100
- Cigarette Machine \$50
- Video Movie Rental \$50
- Other:**
- Commercial merchants and peddlers \$25 per day - \$100 per year
- Contractors \$100
- Food/Beverage Delivery Vehicles, per vehicle \$100
- Kennels (Animal Shelters) 1- 5 \$125
- Kennels (Animal Shelters) 6 - 10 \$150
- Kennels (Animal Shelters) 11- 20 \$175
- Kennels (Animal Shelters) 21 – 30 \$200
- Kennels (Animal Shelters) over 30 \$250
- Massage Therapy Establishments \$500
- Motel/Hotel, per Rental Unit (#\_\_\_\_) \$25
- Pawnbroker, precious metal & second hand property sales dealers \$350
- Restaurant in a business serving & preparing food  
I.e. Food court/cafeteria (only required to pay fees below)
  - 0 – 1000 sq ft \$100
  - 1,001 – 2,500 sq ft \$150
  - 2,501 – 5,000 sq ft \$200
  - 5,001 – 10,000 sq ft \$250
  - 10,001 – 20,000 sq ft \$350
  - 20,001 – 30,000 sq ft \$400
  - Over 30,000 sq ft \$500
- Solid Waste Collector, Private \$250
- Tobacco Dealers, Over the Counter Sales \$250
- Taxicabs, Per Cab (#\_\_\_\_) \$75
- Video Rentals, 0 – 1000 sq ft \$100
- Video Rentals, 1001 – 3000 sq ft \$150
- Video Rentals, 3001 – 5000 sq ft \$200
- Video Rentals, over 5000 sq ft \$250



**BUSINESS AND NON-RESIDENTIAL USE COMPLIANCE  
CERTIFICATE - ATTACHMENT A  
Home Occupation Checklist**

Village of Morton Grove  
6101 Capulina Avenue  
Morton Grove, Illinois 60053

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

Home Occupations are permitted uses as 8 as such businesses comply with the definition of a Home Occupation and the regulations of such, established in the Municipal Code (Sec: 12-3-4 & 12-17). The property and business owner must comply with the following:  
Please select yes or no.

	Yes	No
The home occupation and all related activity, including minimal incidental storage, shall be conducted completely within the dwelling unit and any totally enclosed accessory structure.	<input type="checkbox"/>	<input type="checkbox"/>
The outside display of goods and the outside storage of equipment, material, or motor vehicles utilized exclusively in the home occupation shall be prohibited.	<input type="checkbox"/>	<input type="checkbox"/>
The home occupation shall not generate noise, vibration, glare, fumes, odors, noxious matter, electrical interference, or any nuisance beyond that which normally occurs in the zoning district in which it is located.	<input type="checkbox"/>	<input type="checkbox"/>
The home occupation shall generate no more traffic than an average residence in the area; this prohibition includes, but is not limited to, the dispatching of employees from the premises.	<input type="checkbox"/>	<input type="checkbox"/>
The home occupation shall be subordinate and incidental to the principle use of the buildings or structures for residential purposes.	<input type="checkbox"/>	<input type="checkbox"/>
Not more than two hundred fifty (250) square feet shall be devoted to the home occupation.	<input type="checkbox"/>	<input type="checkbox"/>
The owner/operator of the home occupation must reside on the premises	<input type="checkbox"/>	<input type="checkbox"/>
Employees shall be limited to persons in residence on the premises and to one nonresident person	<input type="checkbox"/>	<input type="checkbox"/>
There shall be no signs, display, or activity that will indicate from the exterior that the building is being used, in part, for any purpose other than that of a dwelling.	<input type="checkbox"/>	<input type="checkbox"/>
No alteration of any kind shall be made to the principle building which changes its residential character as a dwelling unit, including the enlargement of public utility services or the installation of special equipment attached to walls, floors or ceilings.	<input type="checkbox"/>	<input type="checkbox"/>
Only mechanical equipment which is permissible for purely domestic or household purposes shall be used in the conduct of the home occupation.	<input type="checkbox"/>	<input type="checkbox"/>
There shall be no commodities sold or services rendered that require receipt or delivery of merchandise, goods or equipment by other than a passenger motor vehicle or by parcel or letter carrier mail service.	<input type="checkbox"/>	<input type="checkbox"/>
All home occupations shall be subjected to applicable business licensing and inspection requirements.	<input type="checkbox"/>	<input type="checkbox"/>
No Commercial dumpsters shall be allowed, (Ord, 07-07, 3-26-2007)	<input type="checkbox"/>	<input type="checkbox"/>

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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