

Compliance Certificate Application

FOR BUSINESS & NON-RESIDENTIAL USE

ITEMS REQUIRED TO SUBMIT A COMPLETE APPLICATION

- ☐ Completed Application Form ☐ Site Plan * ☐ State of Illinois Professional License (if applicable)

*Site plan must be based on plat of survey and include all buildings, on-site parking stalls, loading docks, and area(s) of occupancy for a multi-tenant property.

REASON FOR COMPLIANCE CERTIFICATE

- ☐ New Business ☐ Existing Business - Expansion ☐ Existing Business - Relocation
☐ Existing Business - Use Change ☐ Existing Business - Name or Ownership Change

APPLICANT INFORMATION

Address to Be Occupied _____
Business Name (DBA) _____
Legal Business Name _____
Business Contact Person _____
Business E-Mail _____ Business Phone _____
Website _____
Billing Address (If Other Than Business Address) _____

City State ZIP

ZONING DETERMINATION (OFFICE USE ONLY)

ZONING REVIEW ☐ APPROVED ☐ WITH CONDITIONS ☐ DENIED DATE _____ INITIALS _____
ZONING DISTRICT _____ **USE(S)** _____
PERMITTED BY-RIGHT CODE SECTION(S) _____ **OR AUTHORIZING ORDINANCE** _____
STAFF COMMENTS/CONDITIONS _____

LICENSING (OFFICE USE ONLY)

FEE TOTAL _____
BS&A BUSINESS ID _____

REQUIRED INSPECTIONS

To schedule required inspections, call the Building Department at 847-663-3042. Business operations may not begin until inspections are passed and a Compliance Certificate is issued.

- ☐ BUILDING
☐ FIRE
☐ HEALTH
☐ ZONING

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Village of Morton Grove

6101 Capulina Avenue | Morton Grove, Illinois 60053
commdev@mortongroveil.org | 847-470-5214

PROPERTY INFORMATION

☐ Property to Be Leased
Provide Information Below

☐ Property to Be Purchased
Provide Information Below

☐ Business Is Currently Property Owner
Do Not Provide Information Below

Property Owner Name _____

Property Owner Address _____

Property Owner E-Mail _____ Property Owner Phone _____

EMERGENCY CONTACT INFORMATION

This information will be used by the Fire and Police Departments in case of emergency.

Emergency Contact Person 1 _____

Emergency Contact Phone 1 _____

Emergency Contact Person 2 _____

Emergency Contact Phone 2 _____

BUSINESS INFORMATION

Date Business Legally Established _____ Planned Occupancy Date _____

TYPE OF BUSINESS: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC
☐ Religious Organization ☐ Association ☐ Non-Profit Org. *Attach IRS 501(c)(3) letter.

Federal Employee ID Number (FEIN) _____ NAICS Code (www.naics.com) _____

Does operator hold a State of Illinois Professional License? ☐ Yes ☐ No If yes, License # _____

** If yes, attach State of Illinois Business License (e.g. architect, barber, chiropractor, dentist, massage therapist).*

IL Dept. of Revenue Account ID _____ Will State of Illinois sales tax be collected? ☐ Yes ☐ No

Local Taxes to Be Collected ☐ Food & Beverage Tax ☐ Packaged Liquor Tax ☐ Gasoline Tax
☐ Hotel/Motel Tax ☐ Self Storage Tax ☐ Amusement Tax

LOCAL LICENSES: Do you anticipate applying for a liquor license? ☐ Yes ☐ No
Do you anticipate applying for a video gaming license? ☐ Yes ☐ No
Do you anticipate applying for a tobacco sales license? ☐ Yes ☐ No

If yes to any of the above, contact the Village Administrator's Office at 847-663-3007 for more information.

BUILDING INFORMATION

Square Footage of Business _____ Square Footage of Building _____

Will you make building improvements? ☐ Yes ☐ No Total Cost of Work _____

Will any storage or business activities occur outside the building? ☐ Yes ☐ No

If yes, please describe. _____

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BUSINESS OPERATIONS INFORMATION

Detailed Description of All Business Activities _____

The omission of any principal or accessory use shall subject any license or permit issued as a result of this application to be subject to revocation. Attach pages as needed.

HOURS OF OPERATION: Sun. _____ Mon. _____ Tue. _____ Wed. _____
Thu. _____ Fri. _____ Sat. _____

Total Number of Full-Time Employees _____ Total Number of Part-Time Employees _____

Maximum Number of Employees On-Site _____

Will the business hire employees for this location? ☐ Yes ☐ No If yes, how many? _____

Will the business manufacture products on-site? ☐ Yes ☐ No If yes, what products? _____

Will there be vending machines be on-site? ☐ Yes ☐ No If yes, how many? _____

Will the business sell food or drinks? ☐ Yes ☐ No

Will the business prepare food or drinks? ☐ Yes ☐ No

PARKING INFORMATION

ON-SITE PARKING SPACES ARE: ☐ For My Business Use Only ☐ Shared With Other Business(es)

Number of Parking Spaces On-Site (Must Match Submitted Site Plan) _____

Number of Business (Non-Personal) Vehicles Parked On-Site _____

Number of Business Vehicles by Type _____ Passenger Vehicles _____ Vans _____ Trucks/Trailers
_____ Other (Describe) _____

Number of Truck or Van Deliveries to or From Site per Day _____

SAFETY INFORMATION

Will the occupied unit or building have a burglar/panic alarm system? ☐ Yes ☐ No

If yes, contact the Police Department at 847-470-5208 to register the burglar alarm system.

Will the occupied unit or building have a fire alarm system? ☐ Yes ☐ No

If yes, contact the Fire Department at 847-470-5226 to register the fire alarm system.

Will the occupied unit or building be protected by a fire sprinkler system? ☐ Yes ☐ No

Will any hazardous materials be stored on the site? ☐ Yes ☐ No

If yes, please describe. _____

Will the business submit Tier II information to the Illinois Emergency Management Agency (IEMA)? ☐ Yes ☐ No

Will the business conduct any spray painting or other spraying activities? ☐ Yes ☐ No

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AFFIDAVIT

I hereby certify that I am a duly authorized agent of the Business making this application and that I am empowered to bind said Business to all terms and conditions of the Compliance Certificate. I understand that the issuance of the Compliance Certificate and the Certificate's continuation is conditioned upon compliance with all applicable codes, ordinances, and laws. I agree to pay all fees associated with the Compliance Certificate 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 shall subject any Compliance Certificate or permit issued as a result of this application to be subject to revocation 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 _____ Date _____

Printed Name _____ Applicant Title _____

FEE SCHEDULE

The follow fees are established in Section 1-11-4 of the Morton Grove Municipal Code of Ordinances. In the event of any conflict or inconsistency between this fee schedule and Section 1-11-4, the Morton Grove Municipal Code shall prevail. Fees are assessed on an annual basis unless otherwise noted.

☐ GENERAL COMPLIANCE CERTIFICATE FEES

Base Compliance Certificate fees are as follows:

<input type="checkbox"/> 0 - 1,000 SF	\$110
<input type="checkbox"/> 1,001 - 2,500 SF	\$165
<input type="checkbox"/> 2,501 - 5,000 SF	\$220
<input type="checkbox"/> 5,001 - 10,000 SF	\$275
<input type="checkbox"/> 10,001 - 20,000 SF	\$385
<input type="checkbox"/> 20,001 - 30,000 SF	\$440
<input type="checkbox"/> 30,001+ SF	\$550

☐ FOOD ESTABLISHMENT

Includes, but is not limited to, restaurants, delicatessens, convenience stores, catering establishments, and supermarkets.

In addition to general fee provided above:

<input type="checkbox"/> 0 - 1,000 SF	\$110
<input type="checkbox"/> 1,001 - 2,500 SF	\$165
<input type="checkbox"/> 2,501 - 5,000 SF	\$220
<input type="checkbox"/> 5,001 - 10,000 SF	\$275
<input type="checkbox"/> 10,001 - 20,000 SF	\$385
<input type="checkbox"/> 20,001 - 30,000 SF	\$440
<input type="checkbox"/> 30,001+ SF	\$550

☐ HEALTH CLUB

Includes, but is not limited to, establishments offering exercise equipment, body building equipment, exercise rooms, aquatic facilities, weight reducing programs, or tanning beds.

In addition to general fee provided above:

<input type="checkbox"/> 0 - 5,000 SF	\$275
<input type="checkbox"/> 5,001 - 10,000 SF	\$550
<input type="checkbox"/> 10,001 - 20,000 SF	\$1,100
<input type="checkbox"/> 20,001 - 40,000 SF	\$1,650
<input type="checkbox"/> 40,001 - 60,000 SF	\$2,200
<input type="checkbox"/> 60,001+ SF	\$2,750

☐ HOME OCCUPATION \$30 (\$110 application)

☐ ADDITIONAL BUSINESS FEES

<input type="checkbox"/> Alarm Connection	\$250
<input type="checkbox"/> Alarm User Fee	\$55

FOOD & ENTERTAINMENT

<input type="checkbox"/> Amusements Permit	Lesser of \$110/day or \$825/event
<input type="checkbox"/> Carnival	\$110/day
<input type="checkbox"/> Carnival Parade Permit	\$275/event
<input type="checkbox"/> Coin Operated Game Permit	\$110
<input type="checkbox"/> Fireworks Permit	\$550/day
<input type="checkbox"/> Food Dispensing Machine Permit	\$110
<input type="checkbox"/> Jukebox	\$110
<input type="checkbox"/> Vending Machine	\$55/machine (# machines _____)

Includes, but is not limited to, food and beverage dispensing machines, lottery machines, coin changers, toy dispensers, cigarette machines, movie rental machines, and laundry machines.

<input type="checkbox"/> Video Gaming Machine	\$275/machine (# machines _____)
<input type="checkbox"/> Video Gaming Operator License	\$1,100

COMMERCIAL SERVICES

<input type="checkbox"/> Auctioneer	Lesser of \$110/day or \$275/year
<input type="checkbox"/> Contractor	\$110
<input type="checkbox"/> Gasoline Service Station	\$55/nozzle (# nozzles _____)
<input type="checkbox"/> Hotel/Motel	\$30/unit (# units _____)
<input type="checkbox"/> Massage Establishment	\$1,100
<input type="checkbox"/> Kennel, 4-5 animals	\$140
<input type="checkbox"/> Kennel, 6-10 animals	\$165
<input type="checkbox"/> Kennel, 11-20 animals	\$195
<input type="checkbox"/> Kennel, 21-30 animals	\$220
<input type="checkbox"/> Kennel, 31+	\$275
<input type="checkbox"/> Solid Waste Collector, Private	\$275
<input type="checkbox"/> Taxicab	\$85/taxicab

RETAIL SERVICES

<input type="checkbox"/> Cannabis Business	\$5,500 (\$22,000 application)
<input type="checkbox"/> Merchants & Peddlers Permit	\$55/application
<input type="checkbox"/> Pawnbroker	\$385
<input type="checkbox"/> Temporary Outdoor Sales	\$220/event
<input type="checkbox"/> Tobacco Dealer	\$275

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Home Occupation Checklist

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: _____

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: _____