

VILLAGE OF SKOKIE

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Community Development Department Building & Zoning Division 5127 Oakton St. 1st Floor, Skokie, IL 60077 Phone (847) 933-8223 • Fax (847) 933-8230

(Please Type or Print Clearly and Complete All Sections)

GENERAL INFOR	RMATION	Ι	Oate of Applica	tion	
Purpose of Application	on:				
New Business	Change of Ownership _		Relocation (within Village)	
On which date do you	intend to open or did you first o	pen?			
Will there be any cons	struction or interior demolition?	Yes	No		
BUSINESS INFOR	<u>MATION</u>				
Name of Business					
Address		S	uite or Unit#_		
Skokie, IL Zip Code		E	Business Phone #		
Business Website	Business Website		Total Square Footage of Tenant Space		
BUSINESS OWNE	R INFORMATION				
Full Name			Title (CEO, m	anager, etc)	
Address			City/State/Zip		
Email Address		 	Cell Phone #		
Driver's License or Sta	ate ID #			State	
BILLING INFORM	<u>MATION</u>				
Contact Name	tact Name Title (Manager, Accountant, etc)				
Billing Address					
Email Address	·····	Phone #			
For Office Use Only	7:				
Application #	Ir	Inspection Date & Time			
Zoning District:	U	se: Per	Spec	Not Per	Rest
Parking Analysis Red	quired Z	Zoning Board of Appeals / Plan Commission Approval			

Type of Business Please describe the day-to-day activities of your business: If this application is for a clinic, healthcare or outpatient care facility, please provide the Medical Director's information on a separate sheet of paper. **SPECIFIC BUSINESS INFORMATION** Numbers of Employees at this Location Federal Employer Identification Number (FEIN) Is your business a non-profit institution? Yes No Religious assembly/services on site? Yes No Number of amusement devices or vending machines: Amusement Vending Do you manufacturer on site? Yes No Do you sell at wholesale on site? Yes No Will you be storing or wholesaling food on site? Yes _____ No ____ Retail goods or service(s) provided on site? Yes _____ No ____ IL Retailers Occupation Tax Number _____ Will food be prepared or sold on site? Yes No Number of Tables and Seats (Food Service Uses Only) Will liquor be sold from the premises? Yes No Will cigarettes, tobacco or vaping products be sold from the premises? Yes _____ No____ FIRE DEPARTMENT INFORMATION Fire Alarm System: Yes _____ No ____ Fire Sprinkler System: Yes _____ No ____ *A copy of the annual alarm and or sprinkler test is required to be on site at the time of inspection. **PROPERTY INFORMATION** Property Owner Phone # Address City/State/Zip Email Address _____ Single or Multiple Tenant(s) Site _____ Driver's License or State ID # Number of Parking Spaces on Site _____ Name and Use of Prior Business (If Known) _____ BUSINESS OWNER SIGNATURE DATE PROPERTY OWNER SIGNATURE DATE

ADDITIONAL BUSINESS INFORMATION

EMERGENCY CONTACT INFORMATION

Please list the emergency contact information for any person who can access the tenant space after normal business hours.

PRIMARY BUSINESS CONTACT (OTI	HER THAN BUSINESS OWNER)	
Full Name	Email Address	
Home Address	City/State/Zip	
Daytime Phone #	Cell Phone #	
ALTERNATE CONTACT		
Full Name	Email Address	
Home Address	City/State/Zip	
Daytime Phone #	Cell Phone #	

Fee Schedule: (Application fees are based upon the gross floor area of your tenant space)						
All uses except within the Southeast Industrial District		Uses located within the Southeast Industrial District (South of Oakton St and east of Hamlin Ave only)				
Less than 1,001 sq. ft.	\$ 225.00	Less than 1001 sq. ft.	\$ 425.00			
1,001 to 3,000 sq. ft.	\$ 250.00	1,0001 to 3,000 sq. ft.	\$ 450.00			
3,001 to 10,000 sq. ft.	\$ 300.00	3,001 to 10,000 sq. ft.	\$ 500.00			
10,001 to 100,000 sq ft.	\$ 400.00	10,001 to 100,000 sq. ft.	\$ 600.00			
Over 100,000 sq. ft.	\$ 700.00	Over 100,000 sq. ft.	\$ 900.00			

^{*}The fee for a certificate of occupancy obtained subsequent to the occupancy shall be double what the cost of the certificate of occupancy would have been.