VILLAGE OF RIVERDALE
157 W. 144TH ST.
RIVERDALE, IL. 60827 Business
708-841-2200 FAX 708-841-7587

HOME OCCUPATION LICENSE $65.00
HOME DAYCARE $125.00

New Application _____
Renewal _____

FOR OFFICE USE ONLY
Date sent to B/Z _____ Initials _____ Date License Issued _____ Initials _____
Date on approval:
ZONING _____ PLUMBING _____ BUILDING _____ ELECTRICAL _____ HEALTH _____
Date of final approval _____ Initials _____

A HOME OCCUPATION IS ANY OCCUPATION OR PROFESSION CARRIED ON BY A MEMBER OF THE IMMEDIATE FAMILY RESIDING ON THE PREMISES, IN CONNECTION WITH WHICH THERE IS USED NO SIGN OR DISPLAY THAT WILL INDICATE FROM THE EXTERIOR THAT THE BUILDING IS BEING UTILIZED IN WHOLE OR IN PART FOR ANY PURPOSE OTHER THAN THAT OF A DWELLING; NO SUBSTANTIAL AMOUNT OF STOCK IN TRADE IS KEPT OR COMMODITIES SOLD; NO PERSON IS EMPLOYED OTHER THAN A MEMBER OF THE IMMEDIATE FAMILY RESIDING ON THE PREMISES; AND NO MECHANICAL OR ELECTRICAL EQUIPMENT IS USED EXCEPT SUCH AS IS PERMISSIBLE FOR PURELY DOMESTIC OR HOUSEHOLD PURPOSES. A PROFESSIONAL PERSON MAY USE THEIR RESIDENCE FOR INFREQUENT CONSULTATION, EMERGENCY TREATMENT, OR PERFORMANCE OF RELIGIOUS RITES, BUT NOT FOR THE GENERAL PRACTICE OF THEIR PROFESSION. A HOME OCCUPATION DOES NOT INCLUDE THE SALE OF EDIBLE MERCHANDISE (BEVERAGES, SNACKS, CANDY, SANDWICHES, ETC.) FROM THE HOME OR YARD TO THE PUBLIC.

WRITTEN APPROVAL FROM THE PROPERTY OWNER MUST BE ATTACHED IF DIFFERENT FROM BUSINESS OWNER

(PRINT OR TYPE)
NAME OF BUSINESS_____BUS. PHONE_____

ADDRESS_____ FAX # _____

BUSINESS TAX I.D. # OR SOCIAL SECURITY #:_____

NAME OF BUSINESS OWNER _____ EMERGENCY # _____

TYPE OF BUSINESS *(EXPLAIN IN DETAIL)* _____

_____

DESCRIBE WHICH ROOMS WILL BE USED IN THE CONDUCT OF THE BUSINESS AND WHAT ROOMS WILL BE USED FOR STORAGE_____

DESCRIBE INTENDED ACTIVITIES, MATERIALS AND EQUIPMENT REQUIRED _____

_____

WILL PEOPLE COME TO YOUR HOME TO OBTAIN AND/OR DELIVER ANY PRODUCT OR UTILIZE ANY SERVICE CONNECTED WITH THE PROPOSED BUSINESS? _____HOW MANY PERSONS WILL BE INVOLVED IN THE CONDUCT OF THE BUSINESS?

_____

HOURS OF OPERATION _____

********ONLY MEMBERS OF THE IMMEDIATE FAMILY RESIDING IN HOME ARE ELIGIBLE********

OWNER OF PROPERTY (if different)

NAME _____ PHONE NUMBER _____

ADDRESS _____/_____/_____
STREET CITY/STATE
ZIP

******** WRITTEN APPROVAL FROM PROPERTY OWNER MUST ACCOMPANY THIS APPLICATION********

DAYCARE APPLICATIONS – MUST COMPLETE BACK PAGE

AS THE APPLICANT FOR THIS LICENSE, I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE INFORMATION AS NOTED IN THIS APPLICATION, AND EXPRESSLY AGREE TO CONFORM TO ALL APPLICABLE ORDINANCES, RULES AND REGULATIONS OF THE VILLAGE OF RIVERDALE.

PRINT NAME _____ DATE _____

SIGNATURE _____

*****MUST PROVIDE PROOF OF INSURANCE*****

HOME DAYCARE LICENSE APPLICATION

EACH PERSON SEEKING SUCH LICENSE MUST COMPLETE THE INFORMATION BELOW AND RETURN WITH THE PROPER APPLICATION FEE.

(TYPE OR PRINT ONLY)

NAME OF DAYCARE _____

ADDRESS _____

PHONE # _____ FAX # _____ EMERGENCY # _____

D.C.F.S. LICENSE# _____ **(COPY OF LICENSE MUST ACCOMPANY APPLICATION)**

NUMBER OF ROOMS USED FOR BUSINESS _____ NUMBER OF CHILDREN _____

NUMBER OF VEHICLES USED IN THE TRANSPORTATION OF CHILDREN _____

(YOU MUST PROVIDE THE MAKE, MODEL, YEAR, VIN #, PLATE # AND PROOF OF INSURANCE FOR EACH VEHICLE.)