

Village of Mokena  
11004 Carpenter St  
Mokena IL 60448  
Phone: 708-479-3900 Fax: 708-479-4844  
E-Mail: [communitydevelopment@mokena.org](mailto:communitydevelopment@mokena.org)

**For Office Use Only**

Date Received \_\_\_\_\_  
Application Complete Yes No  
Amount Paid \_\_\_\_\_  
Payment Method \_\_\_\_\_  
Check # \_\_\_\_\_

**STORAGE ONLY OCCUPANCY FORM**  
***PLEASE COMPLETE BOTH SIDES OF APPLICATION***

Date of Application: _____	Date of Occupancy: _____	Fee: \$75.00
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Occupant/ Business Name: \_\_\_\_\_

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

City: Mokena State: IL Zip Code: 60448

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT FROM ABOVE**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_

**Required Information – Occupancy will not be issued unless completed!**

OWNER'S NAME: \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NO: (\_\_\_\_) \_\_\_\_\_

If more than one owner or partner, list all above requested information on a separate sheet and attach hereto.

**EMERGENCY PHONE NUMBERS AFTER BUSINESS HOURS:**

Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

### NATURE OF OCCUPANCY

Square Footage of Area: \_\_\_\_\_

**Detailed Description of Product or Commodity stored:** \_\_\_\_\_

\_\_\_\_\_

Will Space Contain any Storing of any Type of **Hazardous Material**(s)? ( ) YES ( ) NO List

**Types:** \_\_\_\_\_

Is there **OUTDOOR STORAGE** of materials? ( ) YES ( ) NO If Yes, Contact the Community Development Department, a Special Use Permit may be required.

### PROPERTY OWNER INFORMATION:

A copy of the **LEASE AGREEMENT** must be submitted with the Business License Application for Approval

Are Premises Leased? ( ) YES ( ) NO

Property Owners Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner's Phone: (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_

### OTHER LICENSES

( ) Attach a copy of your current Business License in the town/ city in which your business is located.

### SIGNATURE OF OWNER or AGENT FOR OWNER REQUIRED

**X** \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ZONING/BUILDING INFORMATION:

Zoning District: \_\_\_\_\_ Lot # \_\_\_\_\_ Subdivision: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Copy of Business License ( ) Name of City License is held \_\_\_\_\_