CITY OF LOCKPORT
APPLICATION FOR NEW BUSINESS PERMIT

Welcome to the City of Lockport!

As the City wants to ensure that you, your employees, and the public’s health, safety and welfare are provided for, before your business opens, we need to make sure that the building meets the minimum requirements and standards for your business. Refer to attached Information Sheet for Zoning, Building, Fire, Health and Liquor License requirements and contact information.

Complete this application and submit to the Building Department. Once your pre-inspections have been completed, we will contact you to issue the permit so you may move into your space and begin set-up for the business. A floor plan layout shall be required.

Any misrepresentation or falsification of the information requested may result in revocation of the permit and fines may be applicable.

Please Note: You may NOT open for business until you have received a certificate of occupancy. Opening prior to obtaining an occupancy certificate will result in penalty fees being assessed.

Name of Business: _____________________________
Address of Business: ___________________________
Phone Number of Business: ______________________
Manager/Contact Person: ________________________
Type of Business: Retail ( ) Office ( ) Manufacturing ( ) Warehousing ( ) Other ( )
Explain: ______________________________________
Previous Use of Business: ________________________
Type of Products/Services: ______________________
Number of Employees: __________________________
Days of Operation: ______________________ Hours of Operation: ______________________
Size of Building: ________________________________
Single or Multiple Occupancy Building? __________ Zoning of Property: _______________________
Will this Business have a vending machine? YES ( ) NO ( ) (If yes please contact the City Clerk)
Will any new signage be installed? (Ex: Window, Free Standing, Awning, Etc.) ____ Yes ____ No
*Any new/change in signage will require a separate permit, please see Sign Application for more information.

Business Owner Information:
Business Owner: _____________________________ E-Mail: _____________________________
Address: __________________________________________
Phone #: _____________________________ After Hours Emergency #: _____________________________
Property Owner Information & Consent:
Property Owner Printed Name: ___________________________ E-Mail: ___________________________
Address: ____________________________________________
Phone #: ___________________________ After Hours Emergency #: ___________________________

I acknowledge and consent to the business owner submitting this permit application for the property listed above.

Property Owner Signature: ___________________________ Date: ___________________________

Applicant's Certification:

I hereby certify that I have read, understand and agree to conform to all governing information and regulations set forth by the City Council of Lockport. I understand I am not to open my business until a FINAL occupancy certificate has been issued to me.

Printed Name: ___________________________ Phone #: ___________________________
Signature: ___________________________ Date: ___________________________

FOR OFFICE USE ONLY

Permit #: ___________________________ Fee: $50.00
Bldg. Dept. Approval: ___________________________ Date: ___________________________
Planning Dept. Approval: ___________________________ Date: ___________________________

Fire Dept. Pre-Inspect Date: ______________ (if required)
Building Pre-Inspect Date: ______________ (if required)

Final Inspections Completed:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Plumbing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Department</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Department</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Final Occupancy Certificate Issued on: ___________________________

Processed By: ___________________________

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NEW BUSINESS PERMIT APPLICATION INFORMATION SHEET

All businesses operating within the City of Lockport are required to comply with current signage, zoning, building, fire and health codes:

<table>
<thead>
<tr>
<th>Zoning</th>
<th>Sign Permits</th>
<th>A permit is required for temporary &amp; permanent business signs. Signage for a business located in the Historic District may require a Certificate of Appropriateness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoning Use</td>
<td>Verify that your business can operate under the zoning district for your business location.</td>
<td></td>
</tr>
<tr>
<td>Special Use Permits</td>
<td></td>
<td>A special use permit may be required for certain uses.</td>
</tr>
<tr>
<td>Contact</td>
<td>Planning/Zoning Department (815) 838-0549 option 4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Building</th>
<th>Construction/Renovations</th>
<th>Any construction and/or building renovations shall be subject to review and inspection by the Fire District. A pre-inspection needs to be performed prior to any interior work and/or set-up for the business. A second inspection needs to be performed after all interior work and/or set-up has been completed. Prior to performing work, check with the Building Department regarding the need to secure any permits necessary for such work. Any exterior alteration to a building located in the Historic District requires a Certificate of Appropriateness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Building Department (815) 838-0549 option 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fire</th>
<th>Safety Inspections</th>
<th>Any construction and/or building renovations shall be subject to review and inspection by the Fire District. A pre-inspection needs to be performed prior to any interior work and/or set-up for the business. A second inspection needs to be performed after all interior work and/or set-up has been completed. Depending on your location: Lockport Township Fire District (815) 838-3287 Homer Township Fire District (815) 836-2710 Northwest Homer Fire District (815) 838-0180</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Depending on your location: Lockport Township Fire District (815) 838-3287 Homer Township Fire District (815) 836-2710 Northwest Homer Fire District (815) 838-0180</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health</th>
<th>Review &amp; Inspections</th>
<th>If food is being served, the Will County Health Department will need to approve the facilities and procedures. This includes any pre-packaged food sales.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Will County Health Department (815) 727-8490</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liquor Commissioner</th>
<th>Liquor License</th>
<th>A liquor license is required to serve or sell liquor in the City of Lockport.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of Liquor Operation</td>
<td>Hours depend on the classification of the license.</td>
<td></td>
</tr>
<tr>
<td>Contact</td>
<td>City Clerk's Office (815) 838-0549 x 2121</td>
<td></td>
</tr>
</tbody>
</table>
Sanitary & Water Usage Form
This information is for Public Works use

Please fill out items applicable to your business
& return with your application for new business permit.

1. Name of Business: ________________________________
   Address: ___________________ Phone #: ______________
   City: _____________________ St: _______ Zip: ______

2. Name & Title of contact signing this form:
   __________________________________________________

3. Name of parent company: __________________________
   Address: _________________________________________
   City: _____________________ St: _______ Zip: ______

4. Type(s) of operation: Office ( ) Manufacturing ( ) Warehousing ( ) Other ( )
   Explain: _________________________________________

5. Types of products/services:
   __________________________________________________

6. Number of personnel employed per shift and per occupation:
<table>
<thead>
<tr>
<th>Office Personnel</th>
<th>All Other Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Daytime Shift: Avg: ____ Max: ____</td>
<td>Avg: ____ Max: ____</td>
</tr>
<tr>
<td>B. Evening Shift: Avg: ____ Max: ____</td>
<td>Avg: ____ Max: ____</td>
</tr>
<tr>
<td>C. Night Shift: Avg: ____ Max: ____</td>
<td>Avg: ____ Max: ____</td>
</tr>
</tbody>
</table>

7. Plant Operation:
   Total hours per day: ______________________________
   Total hours per shift: ____________________________
   Total Days a week worked: ________________________

8. Is water used in any process such as fouling, cleaning, mixing, painting, manufacturing, rinsing, etc.?
   Yes ________ No ________

9. If cooling water is utilized, are any chemicals added?
   Yes ________ No ________

10. Is any chemical, paint, oil, ink, dye or solvent used in your business or is your business involved in food or beverage processing or preparation?
    Yes ________ No ________

11. Signature: ____________________________ Date: ______________________
Sanitary Sewer Discharge Classification Form

User: ___________________________  Authorized Rep: ___________________________
Address: ___________________________  Title: ___________________________
City: ___________________________  Staff: ___________________________
Phone at Site: ___________________________  Date: ___________________________

Classification: ___________________________

1. Connection Permit if known: ___________________________  2. Employee Number: ___________________________

3. What production or service is performed at this site?


4. Define applicable categorical processes and sub-processes and complete information below:

<table>
<thead>
<tr>
<th>Category #</th>
<th>Date Process Started</th>
<th>Category and Process</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

5. Define unregulated waste streams:


6. Define dilute waste streams (boiler blow down, non-contact cooling/blow down, demineralized backwash, sanitary):


7. Is the waste stream metered for flow measurement?

   __ Yes  __ No

   Please describe:

8. Is waste pretreated?

   __ Yes  __ No

   If yes, please describe:

9. What is the anticipated daily average process (no sanitary) flow in gallons per day?

10. What is the anticipated daily peak process (no sanitary) flow in gallons per day?

11. Not including sanitary, identify the process waste stream concentration in mg/L for 5-day biochemical oxygen demand (BOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), total phosphorus (TP), and fats, oil and greases (FOG).

   Questions Below Are Completed by The City of Lockport

   Is process flow equal to or greater than 25,000 gpd?  __ No  __ Yes
   Is process flow equal to or greater than 5% of the average dry weather flow?  __ No  __ Yes
   Is process discharge equal to or greater than 5% of the organic capacity?  __ No  __ Yes
   Is process regulated based on adverse effect?  __ No  __ Yes
   Is process regulated based on the potential to violate PT standards or requirements?  __ No  __ Yes

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