



RESTAURANT START-UP WORKSHEET

CONTACT

Primary contact person: _____

First name

MI

Last name

Relationship to license applicant: Self Expediter Lawyer Other: _____

Contact phone number: _____

Contact e-Mail address: _____

If not license applicant, name of the applicant: _____

Official use only:
Name of Business
Consultant:

Date:

BUSINESS ACTIVITY

Prepare food on premises: Yes No If yes, type of food _____

Serve liquor/beer/wine: Yes No

Amusement/entertainment: Yes No If yes, describe _____

Private event rooms: Yes No

Private events/banquets: Yes No If yes, max number of seats _____

Sit-down bar: Yes No If yes, number of seats/stools _____

Outdoor seating:

Patio: Yes No

Sidewalk Café: Yes No

Roof top deck: Yes No

Retail Sale: Yes No If yes, what will you be selling? _____

Wholesale: Yes No

Hours food will be served: _____

Hours liquor will be served: _____

Total Seating: less than 50 50-100 100-200 greater than 200

Number of Employees: 1-4 5-10 11-20 21+

By signing below, I understand that any changes to business activity may impact licensing and zoning approvals. I will notify BACP and zoning of those changes.

Signature

Date

LOCATION

Any building permits: **Yes** **No** **If yes, permit number** _____

Official use only:
Notes

Street Number(s)		Street Name		Apt/Suite
City	State	Zip Code	Most Recent Use of Space	
Rough Square Footage:	0-4,500 sf	4,501-10,000 sf	10,001+ sf	
Outstanding violations*?	Yes	No		
Existing signage/canopy?	Yes	No		
Any dedicated onsite parking on the property (i.e., not street)? If yes, # of spaces _____				

Official use only:
Notes

Street Number(s)		Street Name		Apt/Suite
City	State	Zip Code	Most Recent Use of Space	
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*Go to www.cityofchicago.org/buildings > Look Up Building Permits, Inspections and Violations Online