

Memorandum

To: **DISTRIBUTION SEQUENCE**
From: Dennis Bubenik, Finance Director *DB*
Date: August 17, 2022
Subject: The Honeycomb Hideout Luxury Eventures

Attached is a copy of a Business Application for The Honeycomb Hideout Luxury Eventures, 18205 Dixie, Homewood, Illinois, 60430. After you have determined your approval, sign and date this form and route it to the next person in the distribution sequence. When all departments have issued their approvals, a Business Operation Certificate will be issued.

DISTRIBUTION SEQUENCE:

Angela Mesaros,
Director of Economic and Community Development
Tony Billo, Chief Building Inspector
Bob Grabowski, Fire Chief
Max Massi, Village Engineer

Distribution after license/certificate issued:

Angela Mesaros,
Director of Economic and Community Development
Water Billing Clerk
Kris Boswell, Police Department

Angela Mesaros
Director of Economic and Community Development
Date 3-31-23

Approved
Not Approved Reason: _____

Tony Billo
Building Division Manager
Date 4/4/23

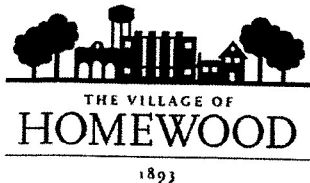
Approved
Not Approved Reason: _____

Fire Chief
Date 3/30/23

Approved
Not Approved Reason: _____

Max Massi
Village Engineer
Date 4/4/23

Approved
Not Approved Reason: _____



VILLAGE OF HOMEWOOD
2020 Chestnut Road, Homewood, IL 60430
(708) 798-3000
BUSINESS LICENSE APPLICATION

Date received: 8-17-22
Date issued: 4-4-23

Please complete all applicable sections of this application. Business Inspections will be conducted at least annually.

Date of Application: August 9, 2022 Anticipated Opening Date: September 30, 2022

Check any that apply: New Business New Owner of Existing business Business Location Change
 Expansion of Existing business Business Name Change

Business Name: The Honeycomb Hideout Luxury EVENTS

Local Business Address: 18205 DIXIE Highway Suite # _____

Business Telephone Number: (708) 960-3969 E-mail: honeycomhideoutevents@gmail.com

Description of Business (product or service offered): event space

Business Days and Hours of Operation: to be determined

State of Illinois Business Tax number (Sales Tax No.) 88-3589177

Type of Ownership: Individual _____ Partnership _____ Corporation _____ Limited Liability Company

Please indicate the address to which invoices should be mailed: _____ Local address Corporate office

Business Owner's Name: <u>Dionne Townsend</u>	Phone: <u>(708) 646-6376</u>
Home Address <u>1103 Woodriss Drive</u>	City <u>Joliet</u>
SS# <u>325828809</u>	State <u>IL</u> Zip <u>60431</u>
Driver's License # <u>T52517278630</u>	Date of Birth <u>01/30/1978</u>
Operator's Name: _____	Phone: () _____
Home Address _____	City _____
SS# _____	State _____ Zip _____
Drivers License # _____	Date of Birth _____
Emergency Contact <u>Marvin Nesbitt</u>	Phone: <u>(708) 296-3433</u>
Address _____	City <u>NATTESON</u> State <u>IL</u>

NOTE: Additional information on the individuals involved in either the ownership or the operation of the business may be required. If so, you will be advised and supplied with the necessary forms for this additional information.

CORPORATION INFORMATION

Corporate Name: _____

Corporate Address: _____ City _____

State _____ Zip _____

Contact Name: _____ Phone # _____

Registered Agent Name: _____

Address _____ City _____

Phone # _____ State _____ Zip _____

PARTNERSHIP OR CO-OWNER INFORMATION (if applicable)

Name: _____
Home Address: _____ City _____
Phone: (____) _____ State _____ Zip _____

Square footage of operating and storage areas: 2850 Attach floor plan to this application
Number of parking spaces allotted this business _____ Locations Street, parking lot
Number of employees (indicate shift with greatest number of full and part-time employees on site) 2
Type of Alarm System: Fire _____ Burglar _____ Hold-up _____ None X
Is there a fire suppression system? Yes (No)
Will there be any remodeling of the premises? (Yes) No Will there be any installation of signage? (Yes) No
Will any hazardous materials be used or stored on the premises? Yes (No)

(If yes, please describe) _____
Material Safety Data Sheets (MSDS) must be provided to the Fire Department for all such chemicals or materials.

If premises are leased, please provide the following information:

Building Owner's Name: William Oswald (property manager)
Address: 15941 S. Harlem Ave City Tinley Park
Telephone Number: (708) 362-1179 ; 708 403-0140 State IL Zip 60477

Please check all that apply for your business:

- X General Business (\$100 up to 5000 square feet)
_____ General Business (\$200 over 5000 square feet) _____ Tobacco (\$400)
_____ Food Delivery Vehicle (\$75) _____ Liquid Propane Exchange (\$50)
_____ Food Vending Machine (\$50/machine) _____ Coin-Operated (\$75/machine)
No. of machines 1 No. of machines 0

NOTE: Food handlers will be charged an additional fee for health inspections to be conducted on the premises during the year.

AFFIDAVIT:

Has the owner, partner, corporate officer or director ever been convicted of the commission of a felony under the laws of the State of Illinois or any other state or federal law of the United States? Yes (No) (please circle one)
(If yes, state the case name, number, court, nature of the charge, date of conviction and the sentence received as an attachment.)

I hereby certify that there are no willful misrepresentations in, or falsifications of, the above statements, answers, and attachments. I authorize the Village of Homewood to conduct a background check on the applicant and I am aware that should investigation disclose misrepresentations, falsifications, or derogatory information, my application will be rejected, or if already issued, my license will be subject to revocation. I understand that it is my responsibility to notify the Village of any changes of this application, immediately as they occur.

I understand and agree that I may not open or operate my business until all the necessary inspections have been completed and all the necessary approvals have been granted to me from the Village. DJ initials I understand and agree that no alcohol may be served on-site without the proper licensing. No on-site food preparation without proper licensing. DJ initials

Signature of principal owner(s), partners or corporate president:

Dionne Townsend
Signature

Dionne Townsend
Printed name and title

8/9/2022
Date

Signature

Printed name and title

Date