

Fire Dept.	<input checked="" type="checkbox"/> 1/11/19	Electrical Dept.	<input checked="" type="checkbox"/> 1/8/19
Building Dept.	<input checked="" type="checkbox"/> 11/6/18	Plumbing Dept.	<input checked="" type="checkbox"/> 12/21/18
Health Dept.	<input type="checkbox"/> / /	Village Clerk	<input type="checkbox"/> / /

D 1/14/2019

VILLAGE OF BROADVIEW
APPLICATION FOR BUSINESS LICENSE
 (Village Code Title 3 – Chapter 1 – Section 2)

New business Change of Ownership Change of Name

Date: 9/18/2018

(P.O. BOX ADDRESSES NOT VALID)

Section 1

Business Name Vital Signs Healthcare Training, Institute, Inc
 D/B/A _____
 Address 2400 S. 24th ave State IL Zip 60155
 City Broadview Fax # _____
 Telephone 708/979-5196
 Email vitalsignshealthcaretraining@gmail.com
 FEIN NUMBER 46-2375706 STATE SALES TAX # _____

Sole Proprietorship Partnership Not For Profit Corporation
 State of Incorporation ILLINOIS Date 3/2013
 Name of Corporation As Above
 Address 2400 S 24th ave State IL Zip 60155
 City Broadview Fax # _____
 Telephone (708) 979-5196
 Federal License # _____ (Copy of License will be required with application)
 State License # _____ (Copy of License will be required with application)

Section 2 – Owners/Partners/Officers

This section must be completed

Name	Title	SSN #	Address	City	State
<u>Evelyn Young - Huff</u>	<u>President</u>		<u>1640 Peter lane</u>	<u>Romoville</u>	<u>IL</u>
<u>Patricia Davis</u>	<u>V.P</u>		<u>437 Englewood Ave</u>	<u>Bellwood</u>	<u>IL</u>

I, the Applicant, do hereby personally in my capacity as _____ of _____ Corporation do hereby certify and represent that I/the Corporation have not heretofore had a business license revoked by any municipality or government agency, and further state that I/the Corporation will otherwise comply with all Village Codes and other applicable Statutes and laws in the operation and conduct of the business.

Section 3

Nature of Business Vocational ~~FRASE~~ Training Center
 Brief Description training certified nurse assistant

Business Type			
Manufacturing	<input type="checkbox"/>	Retail Sales	<input type="checkbox"/>
Professional	<input type="checkbox"/>	Vending	<input type="checkbox"/>
Towing	<input type="checkbox"/>	Service	<input checked="" type="checkbox"/>
Livery	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Fuel Service Station	<input type="checkbox"/>	Warehousing	<input type="checkbox"/>
		Day Care	<input type="checkbox"/>
		Food/Beverage	<input type="checkbox"/>
		Vocational	<input checked="" type="checkbox"/>

Applicant Name Evelyn Young-Huff
 Address 1640 Peter Lane
 City Romeo, IL State IL Zip Code 60155
 DOB 4/13/60 Social Security # _____
 Telephone (708) 979-5146 Fax _____ Email virtu@signshealthcountraining@gmail.com
 Property Owner Name Broadview Park District

Section 4 - Business Profile

President Evelyn Young-Huff
 Vice President Patricia Davis
 Treasurer _____
 Business Contacts:
 Name Evelyn Young-Huff Phone (708) 979-5146
 Name Patricia Davis Phone (708) 280-4484
 Name _____ Phone _____
 Hours of Operation 8A to 9pm
 Number of Employees 2
 Seating Capacity 12 (if applicable)
 Company Vehicles No Yes State of Registration _____
 Vending Equipment:
 Pop/Water Coffee Food/Snacks Cigarettes Candy Amusement
 STICKER NO. Food Truck Ice Cream Truck Washing Machines Dryers Detergent/Bleach Gumball/Novelty
 Hazardous Materials on Premise Yes No
 If yes to above, list Generic Name & Quantity

Name	Quantity

Section 5

Property Owned Leased Lease Term 8/2018 -> 8/2019
 Building Size _____ Square Feet 1100 Parking Stalls _____
 If leased, provide the following:
 Property Owner's Name Broadview Park District
 Address _____
 City _____ State _____ Zip _____

BUSINESS LICENSES SHALL BE DISPLAYED IN A VISIBLE LOCATION

Violation of any law of the State of Illinois, the United States of American, or any ordinance of the Village of Broadview in force and effect during all or part of the period covered by any license issued pursuant to this application in the conduct of said business, will result in a revocation of the license issued hereunder

Signature Evelyn Young-Huff Date 9/18/2018





BROADVIEW POLICE DEPARTMENT

2350 SOUTH 25th.AVENUE • BROADVIEW, IL 60155-3800

708/345-6550

Fax: 708/681-0248

Emergency Information

Business Name: VITAL SIGNS HEALTHCARE Address: 2400 S 24th ave

TRAINING Institute, Inc
Business Phone: (708) 979-5146 Fax: _____ Business Email Vital signs healthcare training
@gmail.com

Alarm Company: _____ Phone: _____

Business Hours: Mon 8A-9P Tues: 8A-9P Wed: 8A-9P Thurs: 8A-9P
Fri: 8A-9P Sat: — Sun: —

Key holders to be contacted, please list as many as possible.
(Please list in the order you wish calls to be made for after hours emergencies. Be sure to include area codes.)

#1 Name Evelyn Young-Huff Home Phone: _____

Address 1640 Peter Lane Cell phone/Pager (708) 979-5146

City/State Komeoville IL

#2 Name Patricia Davis Home Phone: _____

Address 437 Englewood Cell phone/Pager (708) 280-4484

City/State Broadview IL

#3 Name _____ Home Phone: _____

Address _____ Cell phone/Pager _____

City/State _____

#4 Name _____ Home Phone: _____

Address _____ Cell phone/Pager _____

City/State _____

OFFICE USE ONLY

SIGN INSPECTION FEE:

BUSINESS LICENSE FEE:

COOK COUNTY HEALTH INSPECTION FEE:

ELEVATOR INSPECTION FEE:

ANNUAL BUILDING INSPECTION FEE:

LICENSE NO. _____



Date of this notice: 03-26-2013

Employer Identification Number:
46-2375706

Form: SS-4

Number of this notice: CP 575 B

VITAL SIGNS HEALTHCARE TRAINING
INSTITUTE
EVELYN M YOUNG-HUFF MBR
1640 PETER LN
ROMEOVILLE, IL 60446

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-2375706. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2014

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.



September 27, 2017

Vital Signs Healthcare Training Institute
Evelyn Young-Huff
905 B South 5th Ave.
Maywood, IL 60153

Program Number: NA# 7035

Dear Basic Nursing Assistant Training Program Coordinator:

This is to inform you that the Illinois Department of Public Health's Education and Training Section (Department) has granted re-approval for your Basic Nursing Assistant Training Program (BNATP), Program Number NA# 7035, effective September 1, 2017 through August 31, 2019.

Please share this letter and all enclosures with the Instructors and Approved Evaluators associated with your program. It is imperative for this information to be distributed to your staff to ensure compliance with the BNATP requirements.

Program Coordinators are required to review and evaluate the Program Cluster Scores Summary Reports received from the Nurse Aide Testing Project at Southern Illinois University Carbondale. Sharing these reports with the instructors may lead to program improvement. The annual reports for 2017 will be mailed in late January 2018.

Please include the program name and program number on all correspondence. Also, be sure to notify the Department of any program updates and revisions at the time of each occurrence.

We appreciate your on-going efforts to ensure the highest quality of approved training for nursing assistants in Illinois. For any questions about this notice, please contact our staff at 217-785-5569.

Sincerely,

A handwritten signature in cursive script that reads "Connie Jensen".

Connie Jensen
Section Chief, Education and Training

Illinois Board of Higher Education

Permit of Approval

To operate a

Private Business and Vocational School

Issued to

Vital Signs Healthcare Training Institute, Inc

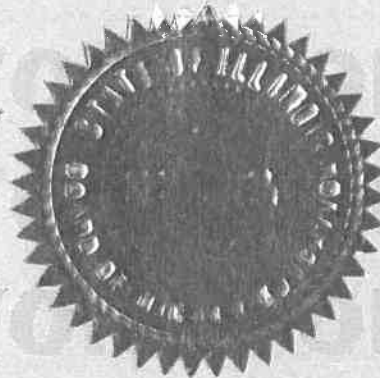
905 B South 5th Avenue, Maywood, IL 60153

Evelyn Young—Huff—Owner

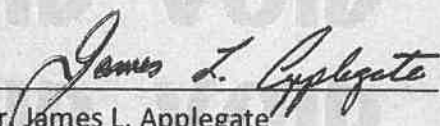
Approved Programs/Courses of Instruction

Basic Nursing Assistant Training Program

The holder of this permit and all persons connected with the school are subject to the provisions of the Illinois Private Business and Vocational School Act of 2012, and all rules, regulations, and standards promulgated under the Act, as amended. This permit is liable to cancellation and surrender for violation of any provision of the law, rules, regulations or standards. Additional information can be viewed on the Illinois Board of Higher Education website (www.ibhe.org/pbvs).



Date of Issue: November 30, 2016
Date of Expiration: December 30, 2017
Permit Number: 17051


Dr. James L. Applegate
Executive Director
Illinois Board of Higher Education



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

MARCH 14, 2013

6879-995-3

EVELYN M YOUNG-HUFF
1640 PETER LN
ROMEORVILLE, IL 60446

RE VITAL SIGNS HEALTHCARE TRAINING INSTITUTE INC.

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD THE ARTICLES OF INCORPORATION THAT CREATED YOUR CORPORATION. WE EXTEND OUR BEST WISHES FOR SUCCESS IN YOUR NEW VENTURE.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF INCORPORATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ, FOR FURTHER INFORMATION CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

MANY SERVICES ARE NOW AVAILABLE ON-LINE AT WWW.CYBERDRIVEILLINOIS.COM. YOU MAY CHECK THE STATUS OF THIS CORPORATION, PURCHASE A CERTIFICATE OF GOOD STANDING OR FILE AN ANNUAL REPORT WHEN IT IS DUE.

SINCERELY,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

B&F CONSTRUCTION CODE SERVICES, INC.
BUILDING & FIRE PROTECTION PLAN REVIEW
 TRAINING • INSPECTIONS • CODE CONSULTING

2420 Vantage Drive
 Elgin, IL 60124
 (847) 428-7010

246986

INSPECTION REPORT

Broadview
 (Municipality)

Contractor/Owner:		Date:	12-31-18
Address:	2421 14th St	Permit No.:	
Location:		Project Code No.:	
Time:	(Building)	(Mechanical)	(Electrical)
		(Plumbing)	(Other)

- Footing
- Foundation
- Foundation Backfill
- Other:

- Insulation
- Electric Service
- Zoning

- Concrete Pour
- Fire Alarm
- Fire Suppression

- Building
- Mechanical
- Electrical
- Plumbing

Underground

Rough

Final

Re-Inspection

1 & 2 Family

Commercial/Industrial

Multi-Family

Mobile Home

Inspection Comments:

Approved

* Final Plumbing Approved

Re-Inspection Required

Approved As Noted

Received By:

(Signature)

Inspector:

Albert Patten
 (Signature)

Printed Name:

Printed Name:

Albert Patten

NOTIFIED:

Owner

Contractor

Applicant

Agent

BY:

Mail

Fax

Inspection Report Posted

B&F CONSTRUCTION CODE SERVICES, INC.
BUILDING & FIRE PROTECTION PLAN REVIEW
 TRAINING • INSPECTIONS • CODE CONSULTING

2420 Vantage Drive
 Elgin, IL 60124
 (847) 428-7010

2401 W 14th
 708-223-0967 Pat

247616
INSPECTION REPORT

Broadview

(Municipality)

Contractor/Owner:	Park District	Date:	11/8/18
Address:	2400 S. 24th AVE	Permit No.:	
Location:	708-343-5637	Project Code No.:	
Time:	12:00-1:00		
	(Building)	(Mechanical)	(Electrical)
		(Plumbing)	(Other)

- Footing
- Foundation
- Foundation Backfill
- Other:
- Insulation
- Electric Service
- Zoning
- Concrete Pour
- Fire Alarm
- Fire Suppression
- Building
- Mechanical
- Electrical
- Plumbing

- Underground
- Rough
- Final
- Re-Inspection

- 1 & 2 Family
- Commercial/Industrial
- Multi-Family
- Mobile Home

Inspection Comments: lease Rental Learning Center

Approved

- Re-Inspection Required
- Approved As Noted
- Approved

Received By: Reginald Davis

Inspector: [Signature]

Printed Name: Reginald Davis

Printed Name: Mike Kenney

- NOTIFIED: Owner Contractor Applicant Agent
- BY: Mail Fax Inspection Report Posted

Broadview Fire Department



Fire Prevention Bureau & Business Phone
(708) 343-6124

2400 SOUTH 25th AVENUE

Chief Tracy Kenny

BROADVIEW, ILLINOIS
60155-3883

January 14, 2019

To: Dave Upshaw, Building Commissioner
From: Michael Nykaza, Fire Inspector
Re: 2400 S 14th St (Park District Bldg)
Broadview IL, 60155

Inspection of 2400 W 14th St has been completed. The inspection of the Fire Prevention and Life Safety systems found the following issues: "NONE"

- 1) Update Fire Alarm, system currently installed inadequate "see attached" –**COMPLETED 1/11/19**
- 2) Place Knox Box By Front door- **COMPLETED 1/11/19**
- 3) Extinguisher Rear Marked Exit- **COMPLETED 1/11/19**
- 4) Updated Contact information to be forwarded to Fire Prevention Bureau. This to include at minimal; Building Owner, Business Owner and two emergency contacts.

Please contact me if you have any questions.

Respectfully,
Michael Nykaza

Michael Nykaza, Fire Inspector
Broadview Fire Department
fireinspector@broadview-il.gov

2420 Vantage Drive
 Elgin, IL 60124
 (847) 428-7010

246599

INSPECTION REPORT
Broadview
 (Municipality)

Contractor/Owner:		Date:	1-8-19		
Address:	2401 14 th St		Permit No.:		
Location:			Project Code No.:		
Time:					
	(Building)	(Mechanical)	(Electrical)	(Plumbing)	(Other)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Footing | <input type="checkbox"/> Insulation | <input type="checkbox"/> Concrete Pour | <input type="checkbox"/> Building |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Electric Service | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Foundation Backfill | <input type="checkbox"/> Zoning | <input type="checkbox"/> Fire Suppression | <input checked="" type="checkbox"/> Electrical |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Plumbing |
-
- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Underground | <input type="checkbox"/> Rough | <input type="checkbox"/> Final | <input type="checkbox"/> Re-Inspection |
| <input checked="" type="checkbox"/> 1 & 2 Family | <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Mobile Home |

Inspection Comments: _____

ALL Items From

Previous Inspection have

been addressed +

APPROVED

Received By: James [Signature] (Signature) Inspector: Jerry Bathauer (Signature)
 Printed Name: _____ Printed Name: JERRY BATHAUER

NOTIFIED: Owner Contractor Applicant Agent
 BY: Mail Fax Inspection Report Posted

Page 1 of 1