BUSINESS LICENSE APPLICATION

Village of Harwood Heights 7300 W Wilson Avenue Harwood Heights, IL 60706

Phone: (708) 867-7200 Fax: (708) 867-3038



APPLICANT	INFORMATION

BUSINESS INFORMATION Name (DBA) Phone Number			
Phone Number			
	Check One:	New Business □	Renewal 🗆
Address City	Managara and a same and a same	State	Zip Code
14. Commercial – Retail Establishments a. 0 to 1,000 square feet floor area	75.00 225.00 800.00 600.00 500.00 800.00		
When computing the capacity of a commercial estathe business shall be calculated.	blishment, the to	al square footage of	all rooms, of th
Please insert square foot floor area:		TOTAL FEES	\$

Please sign and date the application form and provide your title with the organization. The signature must be an original.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF HARWOOD HEIGHTS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE VILLAGE OF HARWOOD HEIGHTS, IN PARTICULAR VILLAGE OF HARWOOD HEIGHTS OF CHANGES IN ANY OF THE APPLICANT WILL RIGHTS THEREOF. FURTHER, I AGREE TO NOTIFY THE VILLAGE OF HARWOOD HEIGHTS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

Signature of Applicant	Title	Date
	eren	

Describe nature of operation:		
Following information on partne		
Name & Title	Phone #	
Home Address	Social Security #	
Name & Title	Phone #	
Home Address	Social Security #	
Name & Title	Phone #	
Home Address	Social Security #	
*In case of emergency person to	o be notified:	
	Phone Number	
*Contact Person:		
	Phone Number	
Applicant r	nust complete this section and notify the village	of any changes
Owner of Building	Home Phone	
Name of Manager	Bus. Phone	
Home Address	Home Phone #	
*If inflammable liquids or hazar furnish the following information	rdous chemicals are to be used, sold or stored in on:	the operation of the business,
Type of liquid	No. of dispensing pumps	
No. of storage tanks	Capacity of each	
If business is alarmed state con	npany below:	
Fire	Burglar	
business until all regulations of the villa	ication and that this is solely an application and is not a permission age of Harwood Heights, including zoning, building, health, fi ication properly signed by all those departments as listed abo	re, plumbing and electrical ordinances have
Signature of Applicant	Title	