

VENDING LICENSE APPLICATION

May 1st to April 30th

Village of Harwood Heights
 7300 W Wilson Avenue
 Harwood Heights, IL 60706
 Phone: (708) 867-7200 Fax: (708) 867-3038



APPLICANT INFORMATION

Applicant Name	Phone Number

BUSINESS INFORMATION

Name (DBA)

Phone Number

Check One: New Business Renewal

Address	City	State	Zip Code

FEES

Amusements (Less than \$0.50 per play).....	\$30.00	X	=	_____
Amusements (Greater than \$.50 per play).....	\$50.00	X	=	_____
Juke Box.....	\$100.00	X	=	_____
Vending Machine (Non Tobacco).....	\$100.00	X	=	_____
Tobacco Over the Counter	\$100.00	X	=	_____
Cigar/Cigarette Vending Machine.....	\$150.00	X	=	_____
Expressman or Drayman (Delivery Truck).....	\$150.00	X	=	_____
Filling Stations (Per Pump).....	\$150.00	X	=	_____

SIGNATURE

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 ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL 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