

# 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

Applicant Name	Phone Number

## BUSINESS INFORMATION

Name (DBA)

Phone Number	Check One:    New Business <input type="checkbox"/> Renewal <input type="checkbox"/>

Address	City	State	Zip Code

**BREAKDOWN OF LICENSE FEES ACCORDING TO VILLAGE CODE: A 25% Penalty will be charged on all License renewal applications received after June 1. For each month after June 1, an additional fee equal to 25% of the base fee shall be charged.**

### 14. Commercial – Retail Establishments

- a. 0 to 1,000 square feet floor area.....\$125.00
- b. 1,001 to 2,000 square feet floor area.....\$175.00
- c. 2,001 to 5,500 square feet floor area.....\$225.00
- d. 5,001 to 10,000 square feet floor area.....\$300.00
- e. 10,001 to 20,000 square feet floor area.....\$400.00
- f. 20,001 to 40,000 square feet floor area.....\$600.00
- g. 40,001 to 80,000 square feet floor area.....\$800.00
- h. Over 80,000 square feet floor area.....\$1000.00

When computing the capacity of a commercial establishment, the total square footage of all rooms, of the premises of the business shall be calculated.

Please insert square foot floor area: \_\_\_\_\_ **TOTAL FEES \$** \_\_\_\_\_

**A Certificate of Insurance with a minimum of \$1,000,000 LIABILITY and Worker's Comp naming The Village of Harwood Heights as Certificate Holder MUST be submitted with this application or the license will not be processed.**

## SIGNATURE

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

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

Describe nature of operation: \_\_\_\_\_  
\_\_\_\_\_

Following information on partners and officers must be given:

Name & Title \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Name & Title \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Name & Title \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

\*In case of emergency person to be notified:

\_\_\_\_\_ Phone Number \_\_\_\_\_

\*Contact Person:

\_\_\_\_\_ Phone Number \_\_\_\_\_

**\*Applicant must 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 hazardous chemicals are to be used, sold or stored in the operation of the business, furnish the following information:

Type of liquid \_\_\_\_\_ No. of dispensing pumps \_\_\_\_\_

If business is alarmed state company below:

Fire \_\_\_\_\_ Burglar \_\_\_\_\_

**Business license and Registration Application**

I, the undersigned, thoroughly understand that this is solely an application and is not a permission to open the establishment or operate a business until all regulations of the village of Harwood Heights, including zoning, building, health, fire, plumbing and electrical ordinances have been fully complied with and this application properly signed by all those departments as listed above, and an official license has been issued by the Village.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_