



DEPARTMENT OF PLANNING, BUILDING & INSPECTION SERVICES
DEPARTMENT OF ECONOMIC DEVELOPMENT
15320 Broadway Avenue
Harvey, IL 60426
Phone: 708-210-5300

PART 1: INTRODUCTION

Please complete this application in its entirety and return to the City of Harvey. Failure to correctly respond, deliberately omit, or falsify any answers in this application may result in revocation of the business license. Upon submittal of a complete application, you will be invoiced the annual business license fee. The fee covers the cost of the mandatory zoning and building safety reviews. Each year a business license renewal form must be completed and updated. For more information, go to www.cityofharveyil.gov. *NOTE: This application may result in additional approvals (e.g., a building permit for signs or building renovations may be required in connection with a new business license).*

PART 2: BUSINESS CONTACTS

Business Entity Name: _____
Address, Unit #/City: _____
Phone Number(s): _____

Business Owner Name: _____
Email: _____
Address/City: _____
Phone Number(s): _____
Driver's License # _____

Person in Charge Name: _____
Email: _____
Address/City: _____
Phone Number(s): _____
Driver's License # _____

Property* Owner Name: _____
Email: _____
Address/City: _____
Phone Number(s): _____

*If applicable, i.e., when business owner/tenant rents from a landlord

PART 3: FIRE DEPARTMENT SURVEY

In order to protect and serve you, the Harvey Fire Department requests you verify that we have accurate, up-to-date information. This information will be used in the event of an after-hours emergency at your place of business. We encourage you to contact our department whenever the building may be closed for an extended period (e.g., for vacation, illness, etc.). If any key holder information changes, please inform the City immediately in writing so that our records remain accurate. Thank you.

Key Holder #1 Name: _____

Phone Number(s): _____

Key Holder #2 Name: _____

Phone Number(s): _____

Alarm Company Name: _____

Phone Number(s): _____

PART 4: BUSINESS DESCRIPTION

Describe the nature of the business.* Explain what services or goods are to be provided:

Illinois Tax Identification Number (if applicable): _____

Federal Tax Identification Number: _____

Square footage of facility* (operating and storage areas): _____

**Please attach a one-page conceptual plan as described in the "Business License Process" document, including but not limited to a floor plan/sketch, with marked dimensions (in feet or inches) of the facility on the floor plan/sketch.*

PART 5: BUSINESS SURVEY

Yes	No	Question
		Is there an alarm system on the premises?
		Are cigarettes or other tobacco products to be sold? If yes, please indicate: <ul style="list-style-type: none"> ▪ over the counter or vending machine: _____ ▪ the distributor/operator's name: _____ ▪ the distributor/operator address: _____
		Is this an establishment serving foods or beverages? If yes, please indicate: <ul style="list-style-type: none"> ▪ How many persons it accommodates: _____ ▪ Items sold (mark all that apply): ___ fresh meat ___ milk ___ produce ___ alcohol ___ other
		Is this a service station? If yes, please indicate total number of nozzles: _____
		Is this a hotel/motel? If yes, please indicate the number of units: _____
		Is this a day care/early childhood education facility?
		Is this a hair salon/barbershop?

	Does this business have gaming machines? _____	Number of machines
	Does this business have vending machines? _____	Number of machines
	Does this business have coin/ATM machines? _____	Number of machines
	Does this business have music boxes machines? _____	Number of machines
	Does this business have pool tables? _____	Number of pool tables
	Other:	
	Other:	

PART 6: ZONING

Zoning District: _____ (for reference the City zoning code and zoning map are on the City website)

Number of employees (include owner/managers): _____

Number of existing off-street parking spaces: _____

Number of accessible parking spaces: _____

Anticipated business hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time							
Closing Time							

PART 7: SIGNATURE

I do hereby certify that (check each box):

- The information contained in this application and addendums (if applicable) has been furnished by me and to the best of my knowledge is correct.
- I understand that any untrue, inconsistent or misleading information shall be cause for refusal to grant or revoke any license granted pursuant to this application
- I have read and understand my obligations in connection with the business license
- I have reviewed the business license document entitled "Safety Standards"

Name of applicant: _____ Signature: _____ Date: _____

<i>INTERNAL OFFICE USE ONLY</i>		
<i>Intake Date</i>	<i>Payments (Yes/NA)</i>	<i>Approvals (Staff Initials)</i>
<i>Date Received:</i>	<i>Water Bill Paid?</i>	<i>Zoning:</i>
<i>Date Floor Plan Received:</i>	<i>Fines Paid?</i>	<i>Fire:</i>
	<i>Fees Paid?</i>	<i>Building:</i>
		<i>Health:</i>