



CITY OF HARVEY
DEPARTMENT OF BUILDING & INSPECTIONAL SERVICES
 15320 Broadway Avenue
 Harvey, IL 60426
 Phone: 708-210-5300

ITEMS TO BE SUBMITTED WITH APPLICATION:

- Applicant's Valid Photo ID
- Proof of property occupancy (Lease or Deed)
- Proof of liability Insurance
- One-page conceptual plan
- Computer generated floor plan
- State License (if applicable)
- Sanitation License (if applicable)
- Full payment of fees

2023-2024 Application For:

- New Business License**
- New Public Safety Registration (places of worship)**

Please complete this application in its entirety and return to the City of Harvey. If completing by hand, **PLEASE PRINT LEGIBLY.**

PART 1: APPLICANT INFORMATION			
Business Name:		DBA:	
Business Address: Harvey, IL 604		PIN #: - - - - 0000	
Phone:			
Business Owner Name:			
Business Owner residential Address (corporate if applicable):		City:	State: Zip Code:
Email:		Phone:	
If applicant is someone other than business owner listed above, complete below			
Authorized Agent Name:			
Authorized Agent Address (residential):		City:	State: Zip Code:
Email:		Phone:	
If business is managed by a company or someone other than owner listed above, complete below			
Managing Company/Managing Agent Name:			
Mailing Address:		City:	State: Zip Code:
Email:		Phone:	
A. EMERGENCY CONTACT/KEY HOLDER (in order of priority)			
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
PART 2: BUSINESS ENTITY			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other _____			
Fed Tax ID/EIN#: _____		Illinois Retail Occ. Tax #: _____	
A. DESCRIPTION:			
<input type="checkbox"/> Food/Beverage <input type="checkbox"/> Salon/Barbershop <input type="checkbox"/> Place of Worship*	<input type="checkbox"/> Hotel/Motel: No. of units: _____ <input type="checkbox"/> Laundry: Full service onsite <input type="checkbox"/> Y <input type="checkbox"/> N No. of coin operated machines _____	<input type="checkbox"/> Fueling Station: No. of nozzles: _____ Distributors Name: <input type="checkbox"/> Other:	
*If there is a daycare or early childcare business renting space in your facility, a separate daycare application must be completed.			
B. DESCRIBE SERVICES OR GOODS TO BE PROVIDED.			
No. of employees (include owner/managers):		No. of Company Vehicles:	No. of existing off-street parking spaces:
Bldg. Square footage (operating and storage areas):		No. of accessible parking spaces:	

C. HOURS OF OPERATION							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time							
Closing Time							

D. SURVEY							
Y	N	Question	Y	N	Question		
		Does the premises have a fire alarm system? <i>If yes, you must register via the City Clerk's office</i>			Does the premises have a security alarm system? <i>If yes, you must register via the City Clerk's office</i>		
		Will food and beverage items be sold? (v all that apply) <input type="checkbox"/> Fresh Meat <input type="checkbox"/> Milk <input type="checkbox"/> Produce <input type="checkbox"/> Alcohol Other _____			Will food products be served to seated customers? If yes, how many persons will the establishment accommodate?		
		Are cigarettes or other tobacco products to be sold? If yes: <input type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine Distributor/operator: Name: _____ Address: _____			Does this business have the following machines? If yes, list the number of each? Gaming _____ Vending _____ Coin/ATM _____ Music Boxes _____		
		Does this business have pool tables? If yes, # of pool tables: _____			Are there any hazardous materials on premises? If yes, list type of materials: _____		

PART 3: PROPERTY OWNER INFORMATION

Name:			
Address		City:	State: Zip Code:
Email:		Phone:	
If property is managed by a company or someone other than property owner listed above, complete below			
Management Company:		Managing Agent Name:	
Mailing Address:		City:	State: Zip Code:
Email:		Phone:	

PART 3: SIGNATURE

I do hereby certify that (v each box):

I understand the issuance of this license is conditional upon compliance with all City Codes and Ordinances, State and Federal Law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force.

I have read this application and answered all questions fully. The information submitted in is complete and truthful to the best of my knowledge.

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".

I understand that all signage, whether temporary or permanent, shall require a permit.

I understand and agree that I may not open or operate my business until all necessary inspections have been completed and all necessary approvals have been granted to me from the City.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Signature: _____

Title: _____ Date: _____