



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

Renewal Application For:

- Business License
- Public Safety Registration
- Daycare License

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:		PIN #: - - - - 0000	
Harvey, IL 604		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: 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:	
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 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: _____