



**Business Name:**  - - - - 0000

**DBA:**

**Business Address:**  **Harvey, IL**

**Fiscal Year**  
**2023-2024**

**BUSINESS ACTIVITY:** Confirm the type of activity your business will perform.

<input type="checkbox"/> Food/Beverage	<input type="checkbox"/> Place of Worship	<input type="checkbox"/> Laundry: Full service onsite <input type="checkbox"/> Yes <input type="checkbox"/> No No. of coin operated machines _____
<input type="checkbox"/> Daycare	<input type="checkbox"/> Home Daycare	<input type="checkbox"/> Fueling Station: No. of nozzles: _____
<input type="checkbox"/> Salon/Barbershop	<input type="checkbox"/> Hotel/Motel: No. of units: _____	<b>Distributors Name:</b> _____

Other:

HOURS OF OPERATION	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time (AM)							
Closing Time (PM)							

QUESTIONS - Items 1-4 must be maintained on-site				Y	N	N/A	OFFICE USE ONLY
1.	Do you have current Liability Insurance?						
2.	Do you have current lease/deed for premise being used?						
3.	Do you have current State License?						
4.	Do you have current Sanitation License?						
5.	Does this business have the following machines? If yes: How many of each? <b>Gaming</b> _____ <b>Vending</b> _____ <b>Coin/ATM</b> _____ <b>Music Boxes</b> _____						
6.	Does the premises have a fire alarm system? <i>If yes, it must be registered with the City Clerk's Office</i>						
7.	Does the premises have a security alarm system? <i>If yes, it must be registered with the City Clerk's Office</i>						
8.	Will food and beverage items be sold? If yes, v below for all that apply: <input type="checkbox"/> Fresh Meat <input type="checkbox"/> Milk <input type="checkbox"/> Produce <input type="checkbox"/> Alcohol <input type="checkbox"/> Other						
9.	Will equipment be used or stored? If yes, list the type(s) below:						
10.	No. of employees (include owner/managers)						
11.	No. of Company Vehicles						
12.	No. of accessible parking spaces						
13.	Building Square footage (operating and storage areas)						
14.	No. of existing off-street parking spaces						

- I do hereby certify that (v each box):**
- I have read this questionnaire and answered all questions fully to the best of my knowledge.
  - I understand any untrue, inconsistent, or misleading information identified shall be cause for a \$2,500.00 per day penalty along with possible revocation of any license granted pursuant to this questionnaire.
  - I understand items 1-4 are required and must be available on-site for verification. Failure to comply upon request, will result in a \$2500.00 per day penalty.
  - I understand business license must be visibly displayed.
  - I understand that an issued business license is conditional upon compliance with all City Codes and Ordinances, State and Federal Law, and the results of any inspections required at this time or any time while the business license is in force. License may be revoked for noncompliance.
  - 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: \_\_\_\_\_

# OFFICE USE ONLY

Application Date: \_\_\_\_\_ Intake Staff: \_\_\_\_\_

Applicable Fees	Fee Amount	Qty	Amount Due
<input type="checkbox"/> Business License	Varies		
<input type="checkbox"/> Public Safety Inspection	\$150.00		
<input type="checkbox"/> Fire Inspection	\$100.00		
<input type="checkbox"/> Health Inspection	\$150.00		
<input type="checkbox"/> Vending Machines	\$50.00 per machine		
<input type="checkbox"/> ATM	\$100.00 per machine		
<input type="checkbox"/> Game Machine (including Lotto Dispensers)	\$100.00 per machine		
<input type="checkbox"/> Pool Table	\$100.00 per table		
<input type="checkbox"/> Gas Nozzles	\$50.00 per nozzle		
<input type="checkbox"/> Tobacco	\$100.00		
<input type="checkbox"/> Tow Truck	\$100.00		
<input type="checkbox"/> Taxicab	\$100.00		
<input type="checkbox"/> Music Box	\$100.00		
<input type="checkbox"/> Other			
<b>TOTAL AMOUNT DUE</b>			

**DATE PAID:** \_\_\_\_\_

**RECEIPT #:** \_\_\_\_\_

INSPECTION DATES					
HEALTH <input type="checkbox"/> N/A		FIRE <input type="checkbox"/> N/A		PUBLIC SAFETY <input type="checkbox"/> N/A	
1 <sup>st</sup>	P   F		P   F		P   F
2 <sup>nd</sup>	P   F		P   F		P   F
3 <sup>rd</sup>	P   F		P   F		P   F

## OUTSTANDING DEBTS OWED THE CITY

<p><b>Account Dept.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Non- property Taxes</p> <p><b>Confirmed By:</b> _____</p>	<p><b>Building Dept.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Property Taxes</p> <p><input type="checkbox"/> Property Violations</p> <p><b>Confirmed by:</b> _____</p>	<p><b>Water Dept.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Confirmed by:</b> _____</p>
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**NOTES:**

**BUSINESS  
LICENSE #**

**BUSINESS  
LICENSE  
ISSUED**

Yes  No  
**DATE:**