



**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 liability Insurance
- Copy of DCFS license
- Safety Plan
- Sanitation License
- Full payment of fees

**2023-2024 Business License Application**

**Daycare**

**Home 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: BUSINESS**

Individual    Partnership    Corporation    Limited Liability    Non-Profit    Other \_\_\_\_\_  
 Fed Tax ID/EIN#: \_\_\_\_\_ Illinois Retail Occ. Tax #: \_\_\_\_\_

**A. DESCRIBE PURPOSE AND WHAT SERVICES OR GOODS ARE TO BE PROVIDED**


Number of Employees (include owner and managers):

**B. MODE OF TRANSPORTATION:**

Make:	Model:	License Plate #:
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**C. HOURS OF OPERATION**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time							
Closing Time							

**PART 3: PROPERTY OWNER (complete if business owner/tenant rents from a landlord)**

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

**D. SURVEY**

Y	N	Question
		Has your business been certified by the Department of Children and Family Services? License #:
		What type of equipment will be used or stored?
		Area of facility in which your business will be conducted: Square Footage of the area to be used:
		Other:

**PART 4: SIGNATURE**

I do hereby certify that (v each box):

- The information contained in the 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 Daycare License.
- I have reviewed the "Health and Safety Standards", signed, and attached it to this application.

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

 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.

Date: \_\_\_\_\_

**THE CITY OF HARVEY RETAINS THE RIGHT TO REQUEST BACKGROUND CHECKS ON ALL APPLICANTS**



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

### HEALTH AND SAFETY STANDARDS

Health and safety issues are major concerns in operating a safe City. The following health and safety issues are a few of the many issues that must be addressed to operate a successful and safe business. The following are suggestions made by Mayor Christopher J. Clark to assist with improving the safety standards in your business:

1. Actively participate in an on-going beautification plan. The City of Harvey is currently enforcing the International Property Maintenance Code. A brochure regarding the most common property maintenance violations is located with the Planning and Zoning Department.
2. Keep an accurate record of violent incidents and/or police reports to assist the City of Harvey's Police Department with keeping your business environment safe.
3. Provide security officers or increase the number of officers in your establishment.
4. Maintain the same hours of operation. Make sure the Police Department and the Department of Planning and Development have an updated copy of the hours of operation.
5. Provide a tracking plan that will assist with identifying employees and customers.
6. Install outside surveillance. In case of a violent crime, proof of the violators may be captured on tape.
7. Implement an emergency procedure plan. This plan will outline the procedures to take during an uncomfortable/violent situation. Establish a schedule to ensure that there is at least one person working that has had CPR training. First aid kits should be provided on all levels of the building.
8. Implement a fire evacuation plan. Make sure that the Fire Department and the Department of Planning and Development have a copy of this plan. The Fire Department will provide the fire evacuation procedures based on the floor plan provided to the department. Occupancy loads will also be established.

Mayor Christopher J. Clark would like to thank all businesses that participate in this effort to make the City of Harvey's businesses safer for the community.

**My signature below acknowledges that I have read the aforementioned and I agree to comply with the City of Harvey's Health and Safety Standards.**



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