



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

**2024-2025 Application For:**

**New Business License**

**ITEMS TO BE SUBMITTED WITH APPLICATION FOR PRE-APPROVAL:**

- Applicant's Valid Photo ID
- One-page conceptual plan
- Computer generated floor plan
- Non-Refundable Application Fee - \$150.00

**ITEMS TO BE SUBMITTED AFTER PRE-APPROVAL FOR COMPLETION:**

- Proof of liability Insurance
- Proof of property occupancy (Lease or Deed)
- State License (if applicable)
- Sanitation License (if applicable)
- Full payment of fees

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 |                  |
| Mailing Address (if different):                               |  | 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) Two different contacts required**

|       |  |        |
|-------|--|--------|
| Name: |  | Phone: |
| Name: |  | Phone: |
| Name: |  | Phone: |

**PART 2: BUSINESS ENTITY**

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

**A. DESCRIPTION:**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Food/Beverage     | <input type="checkbox"/> Hotel/Motel: No. of units: _____   | <input type="checkbox"/> Fueling Station: No. of nozzles: _____ |
| <input type="checkbox"/> Salon/Barbershop  | <input type="checkbox"/> Laundry: Full service onsite <input type="checkbox"/> Y <input type="checkbox"/> N | <b>Distributors Name:</b>                                       |
| <input type="checkbox"/> Place of Worship* | No. of coin operated machines _____   | <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. Be as specific as possible.**

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

**PART 3: PROPERTY OWNER INFORMATION**

|  |  |                      |                       |
|--|--|----------------------|-----------------------|
| 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:               |                       |

**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: \_\_\_\_\_