



Business Name:

[Empty text box]

- - - - 0000

DBA:

[Empty text box]

Business Address:

[Empty text box] Harvey, IL

Fiscal Year 2024-2025

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: _____	Distributors Name:

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? Gaming _____ Vending _____ Coin/ATM _____ Music Boxes _____						
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: _____