



PROPERTY INFORMATION

Street Address: _____ Harvey, IL 60426

Building Size: _____ sq. ft.

Zoning District: _____

Lot Size: _____ sq.ft.

Property Index Numbers: _____

_____ acres

If multiple lots, combine area.

APPLICANT

Name _____

Company _____

Address _____

Phone _____

Email _____

Role _____

PROPERTY OWNER

Name _____

Company _____

Phone _____

Email _____

Property Description:

Select one: leased owned

REQUESTED USE

Describe all aspects of your proposed business.

Do you intend to:

- » prepare food on the premises? yes no n/a or ?
» seek a liquor license? yes no n/a or ?
» operate for 6 months or fewer? yes no n/a or ?
» make interior alterations? yes no n/a or ?
» make exterior alterations? yes no n/a or ?
» host group activities? yes no n/a or ?

Area: _____ sq. ft.

Parking Spaces: _____

Parking Location:

If you checked "yes" for any above, provide details below. For hosting group activities, provide size, schedule, etc.

Applicant's Name

Applicant's Signature

Date