



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

NEW OPERATIONAL LICENSE APPLICATION

ITEMS TO BE SUBMITTED WITH APPLICATION FOR PRE-APPROVAL:

- Applicant's Valid Photo ID
- One-page conceptual plan
- Computer generated floor plan
- \$150 Application Fee

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 (TBD by Building Dept.)

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 60426		PIN #: - - - - 0000	
Mailing Address (if different):		Phone:	
Business Owner Name:			
Business Owner Domicile or Corporate Address:		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	Distributors Name:
<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? <i>If yes, you must register via the City Clerk's office</i>			Does the premises have a security alarm system? <i>If yes, you must register via the City Clerk's office</i>
		Will food and beverage items be sold? (v all that apply) <input type="checkbox"/> Fresh Meat <input type="checkbox"/> Milk <input type="checkbox"/> Produce <input type="checkbox"/> Alcohol Other _____			Will food products be served to seated customers? If yes, how many persons will the establishment accommodate?
		Are cigarettes or other tobacco products to be sold? If yes: <input type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine Distributor/operator: Name: _____ Address: _____			Does this business have the following machines? If yes, list the number of each? Gaming _____ Vending _____ Coin/ATM _____ Music Boxes _____
		Does this business have pool tables? If yes, # of pool tables: _____			Are there any hazardous materials on premises? If yes, list type of materials: _____

PART 3: PROPERTY OWNER INFORMATION			
Name: _____			
Address _____		City: _____	State: _____ Zip Code: _____
Email: _____		Phone: _____	
If property is managed by a company or someone other than property owner listed above, complete below			
Management Company: _____		Managing Agent Name: _____	
Mailing Address: _____		City: _____	State: _____ Zip Code: _____
Email: _____		Phone: _____	

PART 3: SIGNATURE	
<p>I do hereby certify that (v each box):</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I have read this application and answered all questions fully. The information submitted in is complete and truthful to the best of my knowledge.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I have read and understand my obligations in connection with the business license.</p> <p><input type="checkbox"/> I understand that all signage, whether temporary or permanent, shall require a permit.</p> <p><input type="checkbox"/> 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.</p>	
<div> <div> <input type="checkbox"/> 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. </div> </div>	
<div> <div>Signature: _____</div> <div> <div>Title: _____</div> <div>Date: _____</div> </div> </div>	