



CITY OF PROSPECT HEIGHTS
8 N. Elmhurst Road
Prospect Heights, Illinois 60070
Telephone 847-398-6070 Ext 206
Fax 847-392-4244

BUSINESS LICENSE APPLICATION

Type or print clearly. Complete both sides of application. Incomplete applications will be returned.

BUSINESS NAME _____

d/b/a _____

Business Address _____

Business Telephone _____

Business Fax _____

IF SOLE OWNER: _____

Owner's Name _____

Residence Address _____

Residence Telephone _____

Cell Phone _____

IF PARTNERSHIP, LIST ALL PARTNERS. IF CORPORATION, LIST PRESIDENT AND CHIEF FINANCIAL OFFICER:

Name _____

Title _____

Residence Address _____

Residence Telephone _____

Cell Phone _____

Name _____

Title _____

Residence Address _____

Residence Telephone _____

Cell Phone _____

NAME, ADDRESS AND TELEPHONE NUMBER OF ON-PREMISE GENERAL MANAGER

Name _____

Title _____

Residence Address _____

Residence Telephone _____

Cell Phone _____

TYPE OF BUSINESS _____

STATE SALES TAX NUMBER (If applicable) _____

GROSS FLOOR AREA OF BUSINESS _____

square feet

TOTAL NUMBER OF EMPLOYEES:

Full-time _____

Part-time _____

I do hereby certify that the information contained in this application and addendums (if applicable) has been furnished by me and is true and correct. I understand that any untrue, inconsistent or misleading information shall be cause for the refusal to grant or the revocation of any license granted pursuant to this application. I further certify that by applying in writing for a license to operate in the City of Prospect Heights, I have read and understood my obligations under appropriate city ordinances respective to the license(s) for which I am applying. I further certify that if any of the foregoing information changes during the course of the license year, I will notify the City, in writing, within seven (7) days of such change.

Date _____

Signature _____

Title _____

LIST TWO PEOPLE OTHER THAN THOSE LISTED ON THE PRECEDING PAGE TO CONTACT IN CASE OF AN EMERGENCY IN THE EVENT THAT THE CITY IS UNABLE TO CONTACT THE OWNER:

Name _____ Telephone Number _____
 Name _____ Telephone Number _____

1. Have any of the owners or other persons listed in this application ever been convicted of a felony? Yes No

2. Has the applicant ever had any license issuances or renewal refused or revoked by any state, other municipality, governing body or licensing authority?
 If Yes, please state the reasons for such action on a separate sheet and attach it to this application. Yes No

3. Will tobacco products be sold at your establishment?
 If Yes, a TOBACCO DEALER LICENSE is REQUIRED – see Page 4 #26. Yes No

4. Does your business sell prepared food and/or beverages directly to the general public?
 If Yes, a FOOD DEALER LICENSE is REQUIRED – see Page 3 #6 Yes No

5. Will any coin-slot devices or vending machines (electronic games, juke box, tobacco, candy, food, soda, gumball, toy vending) be located on your premises?
 If Yes, a LICENSE is REQUIRED FOR EACH MACHINE - see Pages 3 & 4 and list all machines. Yes No

6. Do you have any storage of flammables, paint, oil, etc.?
 If Yes, a PAINT/OIL DEALER/FLAMMABLES LICENSE is REQUIRED – see Page 4 #20. Yes No

7. Expected date of occupancy (New business only): _____

8. Indicate the hours of operation: _____

FOR OFFICE USE ONLY

Date Paid	Business License #	Coin Op Device License #	Food Handler License #	Total Fee Paid

 Health Official

 Mayor

 City Clerk

**CITY OF PROSPECT HEIGHTS
BUSINESS LICENSE FEES**

Business Name

CATEGORY	SECTION	LICENSE FEES	QUANTITY	FEES DUE
1 Barber Shop/Salon/Nails	2-7A-2	\$132.00 (no public washroom) \$181.50 (with public washroom)		\$
2 Bowling Alley	2-4-7B	\$33.00 per alley	x _____	\$
3 Coin-Op Machine Owner	2-5-4	\$495.00		\$
4 Coin-op Proprietor	2-5-6	\$66.00 per machine	x _____	\$
List all amusement machine(s) and the Name, Address and Telephone Number of the Business where the machine(s) are located.				
5 Dry Cleaners	2-7B-3	\$66.00		\$
6 Food Dealer	3-1A-3B	\$132.00		\$
7 Food Establishments	3-1A-3A	1-2 employees \$132.00 3-4 employees \$198.00 5-7 employees \$297.00 8-10 employees \$495.00 11 or more \$660.00		\$
8 Food Processing	3-1A-3G	\$132.00		\$
9 Food Refrigeration Plants	3-1A-3F	\$132.00		\$
10 Food Service Vehicles	3-1A-3D	\$132.00		\$
11 Food Vending Machines	3-1A-3H	\$88.00 per machine	x _____	\$
List all food vending machine(s) and the Name, Address and Telephone Number of the Business where the machine(s) are located. For example: 4 - Soda Machines @ PH Warehouse, 99999 Main St, Prospect Heights, 847-555-1234.				
12 Frozen Dessert Establishments	3-1A-3E	\$132.00		\$
13 Gumball or Toy Vending Machines	3-1A-3K	\$0.01 - \$0.49 \$22.00 per machine \$0.50+ \$38.50 per machine	x _____ x _____	\$
List all gumball/toy vending machine(s) and the Name, Address and Telephone Number of the Business where the machine(s) are located. For example: 4 - \$0.25 gumball machines & 2 - \$0.50 stickers @ PH Warehouse, 99999 Main St, Prospect Heights, 847-555-1234.				

14	Ice Machine	3-1A-3H	\$132.00 per machine	x _____	\$ _____
List all ice machine(s) and the Name, Address and Telephone Number of the Business where the machine(s) are located.					
15	Juke Box	2-4-9	\$55.00 per machine	x _____	\$ _____
List all juke box(s) and the Name, Address and Telephone Number of the Business where the machine(s) are located.					
16	Kennels	9-1-20	1 – 10 animals \$ 66.00 11-25 animals \$132.00 26 or more \$198.00		\$ _____
17	Laundromat	2-7C-2B	\$66.00 (no public washroom) \$115.50 (with public washroom)		\$ _____
18	Laundry	2-7C-1B	\$66.00 (no public washroom) \$115.50 (with public washroom)		\$ _____
19	Milk Dealer	3-1A-3C	\$132.00		\$ _____
20	Paint/Oil Dealer/Flammables	2-6C-2	\$66.00 (up to 2,000 sq ft) \$44.00 ea additional 1,000 sq ft		\$ _____
21	Pet shops	9-1-20	\$66.00		\$ _____
22	Scavenger Service	3-9-9C	\$2,559.00		\$ _____
23	Self-serve Walk-In Cooler	3-1A-3J	\$132.00		\$ _____
24	Service Station	2-11-3	\$66.00 base fee + \$66.00 per pedestal	x _____	\$ _____
25	Swimming Pool	3-10-6	\$99.00	x _____	\$ _____
26	Tobacco Dealer	2-6(D)3	\$165.00		\$ _____

Please make check payable to
City of Prospect Heights

TOTAL FEES \$ _____

Use the space below to list any additional amusement devices, vending & gumball/toy machines, ice machines and juke boxes. List the Name, Address and Telephone Number of the Business where the machines are located.

Please contact Edlyn Castil at 847-398-6070 x206 if you have any questions. Any incomplete applications will be returned and may delay the processing of your Business License.

Mail completed application forms to:
Edlyn Castil, Deputy City Clerk
City of Prospect Heights, 8 N. Elmhurst Road, Prospect Heights, IL 60070



CITY OF PROSPECT HEIGHTS BUSINESS REGISTRATION

Business Name: _____

Business Address: _____

Business Phone: _____

Nature of Business: _____

Retail Occupation Tax No. or
Tax Id No. _____

Owner Of Business: _____

Owner's Address: _____

Owner's Phone No.: _____

Number of Employees: _____

In case of police, fire or other emergency relating to personnel, structures, building and/or equipment associated with the above mentioned business of service, the following representatives are to be notified:

(DAY) 1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

(EVENING) 1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

Return to: Edlyn Castil, Deputy City Clerk

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