

# CITY OF PROSPECT HEIGHTS APPLICATION FOR VEHICLE STICKERS AND PET LICENSES

Vehicle stickers must be purchased and displayed by **March 31**. This regulation applies to all vehicles that are licensed by the State except trailers. Late fee is applied on April 1st. Stickers may be purchased by completing this application form and

- **Mail** this completed application form along with your payment and include \$1.00 extra for postage and handling, to **City of Prospect Heights, Attn: Vehicle Stickers, 8 N Elmhurst Road, Prospect Heights, IL 60070**;

- **Drop off** this completed application form along with your payment and include \$1.00 extra for postage and handling, in the 24-hour green, drop-off mailbox located by the west front entrance door at City Hall, 8 N Elmhurst Road;

- **Come in person** with this completed application form Monday through Thursday, 8:30 am – 4:30 pm, to City Hall, 8 N Elmhurst Road.

- Cash, Money Orders or Checks (payable to the City of Prospect Heights) are accepted. Debit and/or credit cards are not accepted.

- If mailing or dropping off, the application will be processed and your vehicle sticker(s) and/or pet license(s) and a receipt will be mailed back to you. **For all payments done by mail or from the website, you must include \$1.00 extra for postage and handling.**

- Sticker for a NEW CAR within 30 days of purchase or NEW RESIDENT within 30 days of residency – no penalty. **PROOF OF NEW CAR PURCHASE / NEW RESIDENCY MUST BE PROVIDED** (ex. Bill of sale, lease agreement, closing documents).

- Dogs and cats over 4 months of age must have a rabies shot and be licensed with the City. A certificate of inoculation for rabies must accompany this application.

- **Questions? Call City Hall at 847-398-6070**

Fee Class	Description	Until March 31	April 1	June 1
<b>P</b>	Passenger vehicles	\$70.00	\$105.00	\$140.00
<b>MCY</b>	Motorcycles, motor scooters	\$35.00	\$43.00	\$70.00
<b>A/RV</b>	Antique* / Recreational Vehicle <i>*City vehicle stickers are now required for Antique vehicles</i>	\$35.00	\$43.00	\$70.00
<b>TB</b>	Truck B Plate 8,000 lbs or less	\$90.00	\$135.00	\$180.00
<b>TD</b>	Truck D Plate 8,001 to 12,000 lbs	\$130.00	\$195.00	\$260.00
<b>TF</b>	Truck F Plate 12,001 to 16,000 lbs	\$170.00	\$255.00	\$340.00
<b>TH</b>	Truck H Plate 16,001 and over	\$210.00	\$315.00	\$420.00
<b>DISCOUNTS</b> – One (1) discounted vehicle per household. Must show "Permanent Disabled Placard" for disabled discount. Must show proof of age, 65 years old or better, at time of purchase, in order to receive senior discount.				
<b>D</b>	Disabled (show plates)	\$30.00	\$45.00	\$60.00
<b>S</b>	Senior Citizens – age 65+ at time of vehicle sticker purchase - 1 <sup>st</sup> passenger vehicle only	\$30.00	\$45.00	\$60.00
<b>TRANSFER</b> - with proof of initial sticker purchased and proof of vehicle purchased within the last 30 days				
<b>T</b>	Transfer	\$10.00		
<b>ANIMAL LICENSE</b>				
<b>A</b>	Animal Tag – New Pets	\$24.00	\$48.00	\$48.00
	Animal Tag – Annual Renewal	\$12.00	\$24.00	\$24.00

<b>Last Name</b>		<b>First Name</b>	
<b>Address</b>		<b>City, Zip Code</b>	
<b>Drivers License #</b>		<b>Telephone #</b>	
<b>E-mail Address</b>			

VEHICLE INFORMATION						
Sticker #	License Plate #	Make	Model	Year of Vehicle	Fee Class	Fee

TRANSFERS - Sold/Traded Vehicle Information						
Sticker #	License Plate #	Make	Model	Year of Vehicle	Fee Class	Fee

ANIMAL LICENSE								
Tag #	Animal Type	Name	Rabies # & Vac Exp Date	Breed	Sex	Spayed/Neutered	Age	Fee
	Dog or Cat				M or F	Yes or No		
	Dog or Cat				M or F	Yes or No		
	Dog or Cat				M or F	Yes or No		
	Dog or Cat				M or F	Yes or No		

For all payments done by mail, drop off or from the website, you must include \$1.00 extra for postage and handling \$1.00

FOR OFFICE USE ONLY

<b>Date</b>	<b>Cash or Check #</b>	<b>Staff Initials</b>	<b>Total Paid</b>
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FOR OFFICE USE ONLY

**CITY OF PROSPECT HEIGHTS, 8 N. ELMHURST ROAD, PROSPECT HEIGHTS, IL 60070  
VEHICLE STICKERS AND PET LICENSES**

Sticker #	License Plate #	Make	Model	Fee Paid

Tag #	Animal Type	Animal Name
	Dog or Cat	
	Dog or Cat	
	Dog or Cat	
	Dog or Cat	
<b>Staff Initials</b>		<b>Date</b>

# CITY OF PROSPECT HEIGHTS

## APPLICATION FOR RESIDENTIAL / BUSINESS ALARM LICENSE

In accordance with City Ordinance 0-99-21, all alarm systems operating within the City of Prospect Heights must be registered with the Prospect Heights Police Department.

- The initial alarm registration fee is \$50 with an annual renewal fee of \$40 every year thereafter.
- To avoid additional alarm response charges and the expenditure of public funds by diverting emergency equipment and personnel, we ask that you assist us by maintaining your alarm system to prevent false alarms.
- If you have incurred any chargeable alarm fees during the calendar year, you will receive a separate invoice later this year.
- If you have any questions, call 847-398-6070 ext 203 Monday through Thursday between 8:30 a.m. and 4:30 p.m.

Complete this form and mail, drop off or come in person along with your payment to  
City Hall, 8 N. Elmhurst Road, Prospect Heights, IL 60070

Fee Class	Description	Until March 31	April 1
IA	Initial Alarm Registration License	\$50.00	\$100.00
RA	Annual Alarm Renewal	\$40.00	\$80.00



<b>Firm Name</b>	<b>Type of Business</b>
<b>Address</b>	<b>City, State, Zip Code</b>
<b>Telephone #</b>	<b>Cell #</b>
<b>E-mail Address</b>	
<b>Applicant Name</b>	<b>Telephone #</b>
<b>Applicant Address</b>	<b>City, State, Zip Code</b>
<b>E-mail Address</b>	
<b>Alarm Company Name</b>	<b>Telephone #</b>
<b>Alarm Company Address</b>	<b>City, State, Zip Code</b>

**Type of Alarm:**     Silent     Outside Ringer     Fire     Other \_\_\_\_\_

EMERGENCY NOTIFICATION INFORMATION			
1.	Name	Telephone #	
	Address	City, State, Zip Code	
2.	Name	Telephone #	
	Address	City, State, Zip Code	
3.	Name	Telephone #	
	Address	City, State, Zip Code	

PERSONS RESPONSIBLE FOR ALARM DEACTIVATION OTHER THAN EMERGENCIES LISTED ABOVE, I.E., ALARM COMPANY RUNNER, SECURITY GUARD SERVICE, ETC.:			
1.	Name	Telephone #	
	Address	City, State, Zip Code	
2.	Name	Telephone #	
	Address	City, State, Zip Code	
3.	Name	Telephone #	
	Address	City, State, Zip Code	

I hereby certify that to the best of my knowledge the above information is correct.

<b>Date</b>	<b>Signature</b>
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FOR OFFICE USE ONLY

Date _____	Cash or Check # _____	Staff Initials _____	Total Paid _____
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FOR OFFICE USE ONLY

**CITY OF PROSPECT HEIGHTS, 8 N. ELMHURST ROAD, PROSPECT HEIGHTS, IL 60070**  
**RESIDENTIAL / BUSINESS ALARM LICENSE**

Date _____	Cash or Check # _____	Staff Initials _____	Total Paid _____
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