



CITY OF PROSPECT HEIGHTS
 8 N. Elmhurst Road
 Prospect Heights, Illinois 60070
 Telephone 847-398-6070 Ext 251
 Fax 847-392-4244

BUSINESS LICENSE APPLICATION

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

Taxpayer Identification Number (SSN, ITIN, EIN) _____

BUSINESS NAME _____

d/b/a _____

Business Address _____

Business Telephone _____

Business Fax _____

E-mail Address _____

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: _____

**CITY OF PROSPECT HEIGHTS
 2018-19 BUSINESS LICENSE
 FOR OFFICE USE ONLY**

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

 City Clerk

 Mayor

**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 Billiard and Pool Table	2-4-6	\$15.00 first table \$10.00 each additional table	x _____	\$ _____
4 Coin-Op Machine Owner	2-5-4	\$495.00		\$ _____
5 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.				
6 Dry Cleaners	2-7B-3	\$66.00		\$ _____
7 Food Dealer	3-1A-3B	\$132.00		\$ _____
8 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		\$ _____
9 Food Processing	3-1A-3G	\$132.00		\$ _____
10 Food Refrigeration Plants	3-1A-3F	\$132.00		\$ _____
11 Food Service Vehicles	3-1A-3D	\$132.00		\$ _____
12 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.				
13 Frozen Dessert Establishments	3-1A-3E	\$132.00		\$ _____
14 Gumball or Toy Vending Machines	3-1A-3K	\$.01 - \$.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 - \$.25 gumball machines & 2 - \$.50 stickers @ PH Warehouse, 99999 Main St, Prospect Heights, 847-555-1234.				

