



CITY OF PROSPECT HEIGHTS 2023 BUSINESS REGISTRATION

Business Name: _____

Business Address: _____

Business Phone: _____

Nature of Business: _____

E-mail Address: _____

Website: _____

Retail Occupation Tax No. / Tax Id No. _____

Owner Of Business: _____

Owner's Address: _____

Must be home address _____

Owner's Phone No.: _____

Number of Employees:

Full Time	Part Time
-----------	-----------

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: City of Prospect Heights Building Department Attn: Jenn Myzia
8 N. Elmhurst Road, Prospect Heights, IL 60070**

FOR OFFICE USE ONLY

Inspection Scheduled for: _____ / _____ @ _____