



CITY OF PROSPECT HEIGHTS  
 8 N. Elmhurst Road  
 Prospect Heights, Illinois 60070  
 Telephone 847-398-6070 Ext 211  
 Fax 847-392-4244

## BUSINESS LICENSE APPLICATION

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

### FOR OFFICE USE ONLY

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

**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?  Yes  No  
If Yes, please state the reasons for such action on a separate sheet and attach it to this application.

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

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

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?  Yes  No  
If Yes, a LICENSE is REQUIRED FOR EACH MACHINE - see Pages 3 & 4 and list all machines.

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

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

8. Indicate the hours of operation: \_\_\_\_\_

# 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.				
15 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.				
16 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.				

