

INDUSTRIAL LICENSE APPLICATION

Village of Harwood Heights
 7300 W Wilson Avenue
 Harwood Heights, IL 60706
 Phone: (708) 867-7200 Fax: (708) 867-3038



APPLICANT INFORMATION

Applicant Name	Phone Number

BUSINESS INFORMATION

Name (DBA)

Phone Number

Check One: New Business ☐ Renewal ☐

Address	City	State	Zip Code

LICENSE FEES: Village Code-Title II, Chapter 113 113.45 Schedule of Fees (35) Factory, Machine, Workshop. As amended to add a one cent per square foot charge for floor area over 50,000 square feet.

- a. 0 to 1,500 square feet floor area \$ 150.00
- b. 1,501 to 3,000 square feet floor area.....\$ 173.00
- c. 3,001 to 6,000 square feet floor area.....\$ 219.00
- d. 6,001 to 9,000 square feet floor area.....\$ 265.00
- e. 9,001 to 12,000 square feet floor area.....\$ 311.00
- f. 12,001 to 15,000 square feet floor area.....\$ 357.00
- g. 15,001 to 20,000 square feet floor area.....\$ 434.00
- h. 20,001 to 30,000 square feet floor area.....\$ 587.00
- i. 30,001 to 40,000 square feet floor area.....\$ 740.00
- j. 40,001 to 50,000 square feet floor area.....\$ 894.00
- k. 50,001 to 60,000 square feet floor area.....\$ 1,047.00
- l. 60,001 to 70,000 square feet floor area.....\$ 1, 200.00
- m. 70,001 to 80,000 square feet floor area.....\$ 1, 354.00
- n. 80,001 to 90,000 square feet floor area.....\$ 1, 507.00
- o. 90,001 to 100, 000 square feet floor area.....\$ 1, 660.00
- p. Over 100, 000 square feet area floor area.....\$ 1,820.00

Please insert square foot floor area: _____ **TOTAL FEES \$** _____

*****A Certificate of Insurance with a minimum of \$1,000,000 LIABILITY and Worker's Comp naming The Village of Harwood Heights as Certificate Holder MUST be submitted with this application or the license will not be processed.**

Describe nature of operation: _____

Following information on partners and officers must be given:

Name & Title _____ Phone # _____

Home Address _____ Social Security # _____

Name & Title _____ Phone # _____

Home Address _____ Social Security # _____

Name & Title _____ Phone # _____

Home Address _____ Social Security # _____

*In case of emergency person to be notified:

_____ Phone Number _____

*Contact Person:

_____ Phone Number _____

Applicant must complete this section and notify the village of any changes

Owner of Building _____ Home Phone _____

Name of Manager _____ Bus. Phone _____

Home Address _____ Home Phone # _____

*If inflammable liquids or hazardous chemicals are to be used, sold or stored in the operation of the business, furnish the following information:

Type of liquid _____ No. of dispensing pumps _____

No. of storage tanks _____ Capacity of each _____

If business is alarmed state company below:

Fire _____ Burglar _____

Business license and Registration Application

I, the undersigned, thoroughly understand that this is solely an application and is not a permission to open the establishment or operate a business until all regulations of the village of Harwood Heights, including zoning, building, health, fire, plumbing and electrical ordinances have been fully complied with and this application properly signed by all those departments as listed above, and an official license has been issued by the Village.

Signature of Applicant _____ Title _____

SIGNATURE

Please sign and date the application form and provide your title with the organization. The signature must be an original.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF HARWOOD HEIGHTS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE VILLAGE OF HARWOOD HEIGHTS, IN PARTICULAR VILLAGE OF HARWOOD HEIGHTS ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL RIGHTS THEREOF.

FURTHER, I AGREE TO NOTIFY THE VILLAGE OF HARWOOD HEIGHTS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

Corporation Name

Signature of Applicant / Authorized Officer	Title	Date