

RESTAURANT 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

Restaurant Seats (1-25)..... \$300.00

\$3.00 for each seat over 25 (*Additional* seats)..... **Total: \$**

Total Amount Enclosed \$ _____

Food Service Certification:

Name	Certification Number (Please mail copy with license.)

*****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.**

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.

Signature of Applicant	Title	Date

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 _____

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PLEASE LIST ALL OF YOUR PURVEYORS:

Name	Address	Phone Number

Name	Address	Phone Number

Name	Address	Phone Number

Name	Address	Phone Number

Meat Supplier Name	Address	Phone Number

Spent Cooking Oil / Animal Fat – Grease Service Name	Address	Phone Number
Pick-Up Time and How Often		

Scavenger Service	Address	Phone Number
Pick-Up Time and How Often		

Insect and Rodent Control Name	Address	Phone Number