

David A. Gonzalez
Mayor



Jim Dee
Treasurer

Lori Wilcox
City Clerk

OFFICE OF THE CITY CLERK

1601 Chicago Road, Chicago Heights, IL 60411

Phone (708) 756-5304 / Fax (708) 756-5310

www.chicagoheights.net

APPLICATION FOR GENERAL BUSINESS - \$ 50.00 LICENSE FEE

NON-REFUNDABLE PROCESSING FEE \$50.00 DUE AT TIME OF APPLICATION & APPLIED TO LICENSE FEE.

(NOTE: Application will expire 90 days from date of application; one 30 day extension granted at the request of the applicant)

TO: CITY CLERK: THE UNDERSIGNED HEREBY MAKES APPLICATION TO ESTABLISH OR CONDUCT A GENERAL BUSINESS WITHIN THE CITY OF CHICAGO HEIGHTS.

Office use only: Name of Business: License # _____ Date Applied _____ Date Issued _____

Applicant Name _____ Title _____ Phone _____ Phone _____

Type of business: Sole Owner _____ Partnership _____ LLC _____ Corporation _____ Non Profit _____ other _____

Legal Business Name / Doing Business As _____

Business Location: _____

Location Phone # _____ Fax # _____

Store Manager _____ Phone _____

Corporation: Yes _____ No _____ President _____

Corporation: Attach copy of Articles of Incorporation & FEIN Federal Employer Identification # Certificate

Business Website & Email Address _____

FEIN # - Federal Employer Identification Number: _____ Number of Employees _____

Illinois Sales Tax #: _____ (attach copy of sales tax certificate)

Illinois Sales Tax Certificate must be submitted within 30 days of license issuance.

Illinois License Type Required _____ Number _____

Attach copies of licenses: DCFS, Food Sanitation, Cosmetology, Consumer Installment Loan, Dealer, Trucking, Recycler, 501(c) 3, & any other government required licenses.

Has State license ever been suspended or revoked? Yes _____ No _____ State reason and date _____

Describe business activity in detail _____

Driveway(s) _____ Electric Sign _____ Non-Electric Sign _____ Awning _____ Marquee _____ Banner _____ Other _____

PROOF OF SCAVENGER SERVICE / REFUSE PICK UP REQUIRED BEFORE LICNESE CAN BE ISSUED

SKYLINE DISPOSAL _____ HOMEWOOD DISPOSAL _____ OTHER _____

Square Footage: _____ Vending Machines on Premises? YES _____ NO _____

Type & Quantity _____

(SODA, CANDY, GUM, CHIPS, SNACKS, FOOD, GAME, WEIGHT, CHANGE, FRAGRANCE ETC.)

Vending Machine Owner Name & Address _____ Phone # _____

The City Clerk's Office must be notified if any vending machines are brought onto the premises; license required.

(Feb. 9, 2012)

APPLICATION FOR GENERAL BUSINESS:

BUSINESS NAME _____

BUILDING OWNER INFORMATION

Building Owner Name (PRINT) _____ **Home Address** _____
(INDIVIDUAL)

Building Owner Name (COMPANY) _____ **Company Address** _____

Building Owner Business Address _____

Building Owner Home Phone _____ **Business Phone** _____

Building Property Tax ID Number _____

Primary Contact Person: Name _____ **Address** _____

Phone # _____ **Cell Phone #** _____ **Fax #** _____ **E-mail** _____

CORRESPONDENCE TO BUILDING OWNER SHOULD BE MAILED TO:

Building Insurance Company / Agent _____ **Phone** _____

Building Owner Signature _____ **Date** _____

BUSINESS OWNERS : AFFIRMATION AND CONSENT

I AGREE TO ABIDE BY ALL THE RULES, REGULATIONS AND ORDINANCES OF THE CITY OF CHICAGO HEIGHTS. I AFFIRM THAT ALL STATEMENTS MADE ARE TRUE. HAVING APPLIED FOR A BUSINESS LICENSE WITH THE CITY OF CHICAGO HEIGHTS (CITY), I DO HEREBY GRANT THE CITY, DEPARTMENTS AND AGENTS THEREOF, PERMISSION TO PERFORM ANY/ALL CRIMINAL AND NON-CRIMINAL BACKGROUND CHECKS ON ME. I DO HEREBY KNOWINGLY GIVE MY CONSENT TO THE AFOREMENTIONED AUTHORITIES TO RUN MY DRIVERS LICENSE RECORD AS WELL AS AN AUTOMATED COMPUTERIZED RECORDS CHECK AND/OR FINGERPRINT VERIFICATION RECORDS CHECK TO DETERMINE ANY PRIOR CRIMINAL HISTORY I MAY OR MAY NOT HAVE PURSUANT TO MY APPLICATION WITH THE CITY. I UNDERSTAND THAT THE INFORMATION OBTAINED WILL ONLY BE UTILIZED FOR THE PURPOSE OF LICENSING AND WILL NOT BE SHARED WITH OR RELEASED TO ANY AGENCY WITHOUT MY APPROVAL. FAILURE TO DISCLOSE MAY RESULT IN A NEW APPLICATION FEE.

Date of Birth: _____ **Place of Birth:** _____

Social Security # _____ **Driver's License #** _____

ITIN # _____ **Matricula #** _____

Attach readable copies of *valid* identification.

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR CONVICTED OF ANY CRIMINAL OFFENSE?
YES _____ NO _____. **IF SO, STATE WHEN, WHERE AND THE CHARGE. USE OTHER SIDE OF THIS APPLICATION IF MORE SPACE IS NEEDED FOR DETAILS.**

Business Owner Signature _____	Date _____
Business Owner Name (Please Print) _____	
Business Owner Home Address _____	ST _____ ZIP _____
Business Owner Home Phone _____	Business Phone _____
Business Owner E-mail & Website _____	Cell Phone _____

