

CITY OF PALOS HEIGHTS
7607 W. College Drive
Palos Heights, IL 60463
(708) 361-1800

APPLICATION FOR BUSINESS LICENSE

New Business New Owner Renewal Prospective Opening Date _____

Business Name _____

Business Address _____ City _____ State _____ Zip _____

Business Phone # _____ Business Fax # _____

Email _____ Website _____

Type of Ownership: Individual Partnership Corporation

Corporate Name (if applicable) _____

Corporate Address _____ City _____ State _____ Zip _____

Corporate Phone # _____ Corporate Fax # _____

Business Owner Name: _____

Home Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell # _____ E-Mail _____

Are the premises owned or leased? Owned Leased Real Estate Tax ID # _ _ - _ _ - _ _ _ - _ _ _

Name of property owner _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____

Principal business activity _____

Briefly describe the business _____

Secondary business activity _____

Federal Employer I.D. # _____ Illinois Sales Tax # _____

Does your business require a local, state, or federal license of any kind other than a general business license?

Yes No If yes, attach a copy of each required license.

Number of employees _____ Number of seats (if applicable) _____

Square footage of premises _____ Elevators: Yes No How Many _____

Does your business sell or serve food products? Yes No If yes, please provide the following

NAME OF SANITATION LICENSE HOLDER	LICENSE NUMBER	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

Does your business sell cigarettes? Yes No Do you have any signs? _____

If yes, please indicate which type: Over the Counter \$ 100.00 Machine

Coin-operated, Electronic Amusement, or Vending Machines: Yes No

If yes, please provide the following:

Type of Vending/Coin-Operated Machine	Quantity

If business does not own machines, please provide name and address of vending company:

Will there be pool table(s) on the premises? Yes No If so, how many? _____

I/we hereby certify that all of the information contained in this application for a Business License is true and correct. Further, that any false information provided for in this application shall be grounds for revocation of the license as well as any other penalties provided for by law.

In addition, the undersigned herewith makes application for license to conduct such business as is hereafter designated in the City of Palos Heights in accordance with the Police Regulations and Ordinances of said City now in force and any others that may be enacted during the duration of the license.

_____ Applicant's Signature	_____ Title	_____ Date
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For Office Use Only

INSPECTIONS	APPROVED BY	DATE APPROVED
Building Department		
Electrical Inspector		
Plumbing Inspector		
Zoning Department		
Health Department		
Fire Department		
Occupancy Permit		

License issued by _____ Date _____

Amount Due _____ Amount Received _____ Period Covered Full Year Partial

License Number _____

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POLICE DEPARTMENT FILE

BUSINESS EMERGENCY CONTACT INFORMATION

(ALL INFORMATION IS CONFIDENTIAL – THIS WILL BE USED IN AN EMERGENCY ONLY)

PLEASE PRINT

Name of Business _____ Type of Bsns: _____

Address _____ Suite # _____

Business Phone No. _____ Business Fax No. _____

Name of Property Owner _____

Home Address _____ City _____ State _____ Zip : _____

Home Phone No. _____ Cell Phone No. _____

Name of Business Owner _____

Home Address _____ City _____ State _____ Zip : _____

Home Phone No. _____ Cell Phone No. _____

Please list the names in order that you wish to be contacted in the event of after hour's emergency:

NAME	ADDRESS	HOME PHONE	CELL PHONE

Business Hours:

Monday _____ to _____	Friday _____ to _____
Tuesday _____ to _____	Saturday _____ to _____
Wednesday _____ to _____	Sunday _____ to _____
Thursday _____ to _____	

Name of Alarm Company _____

Address _____ Phone No. _____

Additional Comments (ie: guard dogs, weapons, safe on premises, fire alarm system, etc.)

Prepared by _____ Date _____

CITY OF PALOS HEIGHTS

BUSINESS LICENSE FEE SCHEDULE

Retail Space Rates:

0 sq. ft. to 1,500 sq. ft.	\$ 75.00
1,501 sq. ft. to 3,000 sq. ft.	\$ 97.50
3,001 sq. ft. to 6,000 sq. ft.	\$120.00
6,001 sq. ft. to 9,000 sq. ft.	\$142.50
9,001 sq. ft. to 12,000 sq. ft.	\$165.00
12,001 sq. ft. to 15,000 sq. ft.	\$187.50
15,001 sq. ft. to 20,000 sq. ft.	\$225.00
20,001 sq. ft. to 30,000 sq. ft.	\$262.50
30,001 sq. ft. to 40,000 sq. ft.	\$300.00
Retail over 40,000 sq. ft.	\$375.00

Other:

Car Wash – Automated & Coin Operated	\$ 50.00
Gas (Filling) Stations	\$150.00
Scavenger Services	\$375.00
Ice Cream Trucks	\$ 70.00
(plus 1 health inspection per truck)	\$ 85.00 = \$155.55 2 nd truck, add 85.00
Food Dispensing Vehicles	\$ 75.00
(plus 1 health inspection per truck)	\$ 85.00
Health Inspections (\$85 each)	\$255.00
Food Organizations & Establishments are required to have 3 inspections per year	
Elevator Inspections – 2 per year @ \$75 each	\$150.00
Peddlers License	\$ 75.00
Sign Inspections – 1 per year	
Small (up to 100 sq. ft.)	\$ 10.00
Large (over 100 sq. ft.)	\$ 20.00
Vending Machines: Candy/Gumball	\$ 25.00
All Other	\$ 75.00
Electronic Coin Operated Amusement Devices (1 per every 1,200 sq. ft. allowed)	\$375.00
Pool Tables	\$225.00
Tobacco Sales (Over-the Counter)	\$100.00
