


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

Welcome to the Palos Heights Business Community. Prior to opening, a business license and a commercial occupancy permit are required from the City. Please be aware that any remodeling of your premises (with the exception of painting or carpeting), any plumbing or electrical work, and any signage changes/additions will require a permit from the Building Department. Only contractors who are licensed with the City are permitted to perform work. The following checklist will help you facilitate this process and assure a smooth opening. **Please read and initial on line to indicate you understand each item listed below.**

NEW BUSINESS LICENSE APPLICATION CHECKLIST

- _____ 1. **Proper Zoning:** Check with the Planning and Zoning Department to verify that the location you have chosen is suitable and properly zoned for the business you want to open. Phone 480-3019

- _____ 2. **Commercial Build Out:** Building new or remodeling (exception of painting or carpeting). Please check with the Building Department to see what type of permits are required. Phone 361-1804

- _____ 3. **Commercial Occupancy Permit:** Permit is required when changing ownership of a business or when a new business is locating in the City.

- _____ 4. **Health Inspections:** The City of Palos Heights has an Intergovernmental Agreement with Cook County's Department of Public Health to perform inspections for all food establishments located in the City. A pre-opening inspection is required before a license is issued. The Building Department can schedule this appointment.

- _____ 5. **Liquor License:** Applications for a liquor license are processed by the Mayor's Office. The average time to process a liquor license is six to eight weeks. There is a separate fee for a liquor license, determined by the type of classification. Phone 480-3003

- _____ 6. **Signs/Banners:** A permit from the Building Department is required to erect, alter, or relocate all temporary/permanent signs/banners in Palos Heights.

- _____ 7. **Alarm System:** Must be registered with the Palos Heights Police Department (Phone 448-5060).

- _____ 8. **Fire Department Inspection:** The City is served by two (2) fire districts. East of 76th Avenue is the Palos Heights Fire Protection District (Phone 448-4272), west of 76th Avenue is the Palos Fire Protection District (Phone 448-0369).

Return completed application to the General Office in City Hall. You will be notified when the license has been approved. Payment in full is due prior to release of the license and opening of the business. Your license **MUST** be visibly displayed at all times for inspection purposes.

The Palos Area Chamber of Commerce provides networking opportunities and is an excellent way to promote your business. Please contact the chamber office at 708-480-3025.

Another means of promoting your business is through the City's community cable TV station, Channel 4. For more information, contact Ron Jankowski at 480-3013.

Thank you for choosing Palos Heights ~ a community committed to growth.

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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

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	\$375.00
(1 per every 1,200 sq. ft. allowed)	
Pool Tables	\$225.00
Tobacco Sales (Over-the Counter)	\$100.00
