



Business License Application / Registration

\$50.00 Non-refundable Application Fee

Please print clearly. Form must be filled out completely. Any omissions or misstatements of facts may cause forfeiture or denial of a business license.

Please return completed applications to City Hall, 17 Highwood Avenue,
Highwood IL 60040, licenses expire **January 31**

Business Information

Business Name _____

Doing Business As _____

Business Address _____ Highwood, IL 60040

Telephone Number _____ Alt Number _____

Business Email _____ Business Website _____

Description or Type of Business _____

Date Opened _____ Number of Employees (FT and PT) _____

State IBT#: _____ - _____ FEIN # _____ - _____

Applicant/Owner Information

Individual Owner or Corporation Name* _____

Home or Corporate Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Number _____

**If a corporation or partnership, please provide a list of the corporate officers, partners and / or trustees*

Property Owner (if different from Business owner):

Name Address Telephone number

Emergency Contact Information

Name / Title Address Phone

Name / Title Address Phone

Is your Business or premises equipped with a monitored burglar alarm system? Yes No

Check if this is an exempt business and indicate the basis for the exemption: _____

1. Have you paid all fees due to the City of Highwood under any application or ordinance? Yes No

If no, please indicate which fees are outstanding and the reason(s): _____

2. Where should official correspondence be mailed? Local Address // Corporate Address - Attn: _____

I understand the issuance of this license is conditional upon compliance with all City of Highwood ordinances, State and Federal Law and the results of any inspection required by ordinance at this time. I/we also understand that the continued validity of this license is conditioned upon compliance with all Federal, State and City of Highwood ordinances. Issuance of a business license does not constitute an indication of zoning compliance nor is it to be construed as an endorsement of competency or skill of any individual, company or corporation. Any changes must be reported to the City Manager, including, type of business, main product, or service. I have read this application and provided the requested information fully, completely and truthfully to the best of my knowledge. I understand that this license is a privilege and therefore revocable and non-transferrable.

Signature _____ Date _____

Print Name and Title / Position: _____