



CITY OF HIGHWOOD
17 HIGHWOOD AVE
HIGHWOOD, IL 60040
Phone 847.432.1924 / Fax 847.432.0735
www.cityofhighwood.org

Restaurant License Application
Under Highwood Ordinance
To Be Filed with the City Collector, City of Highwood

ALL LICENSES EXPIRE AUGUST 30TH FOLLOWING THEIR ISSUANCE

APPLICANT INFORMATION (person filling out application)

1. A. Name: _____
- B. Home Address: _____

- C. Telephone number: _____
- D. Email Address: _____

BUSINESS INFORMATION (If applicable, please attach to this application a copy of the most recent State of Illinois liquor license issued to this business)

2. A. Name of proposed restaurant license holder: _____

- B. Address of Restaurant Premises for which license is sought:

- C. Is the proposed restaurant license holder the owner of the premises where the business will be conducted? YES NO
If yes, please attach a copy of the deed or document of Title.
If no, please state:
- D. Name of Owner: _____
- E. Owner's Home Address: _____

- F. Telephone Number: _____
- G. Name of Lessee: _____
- H. Telephone Number: _____

I. Address: _____

J. Term of lease (if applicable): _____

Attach copy of lease to this application (if applicable)

3. A. Is the business a sole proprietorship, partnership or corporation? _____

B. Business Name: _____

If applicant is a corporation state:

1. Exact corporate name: _____

2. Name, address and telephone number of Registered Agent: _____

C. Business Phone Number: _____

D. Emergency Phone Number(s) and contacts for Non-Business Hours:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

E. State principal kind of business: (e.g. Carry-out, Fast Food, Cafeteria, Deli, Mobile, etc.)

F. Date on which foregoing business was begun at this location: _____

G. Number of total employees: _____

H. Illinois Sales Tax Number: _____

I. Business Name to which Illinois tax number is assigned: _____

J. Federal Employer Identification Number: _____

K. Are there any signs or advertisement on proposed premises? _____

If so, give the particulars (Location, type, Size etc): _____

Each applicant for a Restaurant License acknowledges that such signage which is not in conformance with Highwood Appearance Code and all other Ordinances must be removed. The granting of a license does not constitute approval of signage, or imply building code compliance.

4. Are the premises provided with adequate sanitary kitchen and dining room equipment in capacity with sufficient employees to prepare, cook and serve suitable food?

5. Is the business licensed as a food dispenser or purveyor? _____

Lake County License Number: _____

6. Has any license previously issued to license holder (or any owner, partner, shareholder or manager of license holder) by State, Federal or Local authorities been revoked?

YES or NO

If "Yes", explain details on a separate sheet of paper.

7. Has application been made for retail license for any premises other than those described above?

8. If so, what was the disposition of this application? _____

9. List applications made to other communities for a restaurant License and disposition:
Issued, denied, and revoked.

10. Community No.1: _____

11. Community No.2: _____

12. Community No.3: _____

13. Comments/Explanations: _____

14. Individual License Holder or all Persons sharing in Profits or Partnership must answer the questions below. This includes all Shareholders, Officers, and Directors of a Corporate Applicant. If there are more than two (2) individuals, please attach an additional page.

Name: _____

Title/Position/Interest: _____

Home Address: _____

Home Telephone: _____ Cell Number: _____

Date of Birth: _____

Place of Birth (City, State, Country): _____

Last Four Digits of Social Security No. XXX-XX- _____

Driver's License No. _____

State of License: _____

Name: _____

Title/Position/Interest: _____

Home Address: _____

Home Telephone: _____ Cell Number: _____

Date of Birth: _____

Place of Birth (City, State, Country): _____

Last Four Digits of Social Security No. XXX-XX-_____

Driver's License No. _____

State of License: _____

15. Is, or will this business be conducted by a manager or agent? _____

For each Manager, Provide the following information (if more than two (2) individuals, attach an additional page):

Name: _____

Home Address: _____

Home Telephone: _____ Cell Number: _____

Date of Birth: _____

Place of Birth (City, State, Country): _____

Last Four Digits of Social Security No. _____

Driver's License No. _____

State of License: _____

Name: _____

Home Address: _____

Home Telephone: _____ Cell Number: _____

Date of Birth: _____

Place of Birth (City, State, Country): _____

Last Four Digits of Social Security No. XXX-XX-_____

Driver's License No. _____

State of License: _____

16. Has the license holder (or any owner, partner, director, shareholder or manager of license holder), ever been convicted of any crime under the Criminal Code of Illinois (other than minor traffic offenses) or any other Jurisdiction or permitted an appearance bond forfeiture concerning the above? **Yes** **No**

If Answer is "Yes", please state the offense: _____

Date of the Offense: _____

Case Number: _____

Location of Court: _____

Disposition: _____

17. Has suit been filed against applicant (or any owner, partner, director, shareholder or manager of license holder) within the last five (5) years, in any jurisdiction for any of the following:

1. Consumer fraud under Federal or State law: **Yes** **No**

2. Assault, battery, disorderly conduct, false imprisonment, trespass to chattel, conversion, malicious prosecution, civil rights violation or intentional or negligent infliction of emotional distress. **Yes** **No**

If yes, for each and every charge or suit filed regarding the above, state the exact name of the Plaintiff; exact name of the Defendant; Court or jurisdiction in which the charge or suit was brought; the case number and disposition of each charge or suit: _____

18. Each person certifies by signing this application that he has read the applicable Highwood Ordinances and agrees that the applicant and its employees and agents shall fully comply with its terms and all future amendments.

19. The applicant shall submit an application to the City of Highwood Appearance Review Commission and obtain a Appearance Review Commission approval of the exterior design and maintenance of the premises as a condition precedent to the issuance of any restaurant license hereunder.

20. The applicant shall submit an application to the City of Highwood Building Official and obtain Building Permits and a Certificate of Occupancy as a condition precedent to the issuance of any restaurant license hereunder.

I hereby affirm that I am of good character and reputation and that I will not violate any of the Laws of the State of Illinois, the United States, or any Ordinance of the City of Highwood in the conduct of the business. Further, I affirm that the information provided in this application is accurate and complete and that I will provide whatever additional information is requested for consideration of this application.

Print Name: _____ Title/Position: _____

Signature: _____ Date: _____

County of _____

State of _____

SUBSCRIBED and SWORN to before me
This _____ day of _____, _____.

Notary Public

Attach copies of the following:

- _____ Assumed name certificate (d/b/a), if applicable.
- _____ Certificate of Incorporation, if applicable.
- _____ Attach copy of lease to this application (if applicable)
- _____ Floor Plan, including parking information.
- _____ Liability Insurance, naming City of Highwood additional insured.