



# CITY OF HARVEY BUSINESS APPLICATION CHECK LIST

Date

 New  Renewal **2023-2024**

Business

Name: DBA:

Harvey, IL 604

Business Address: PIN #: Phone #:Owner/Authorized Agent Name: Phone #:

Email Address:

**INTAKE  
STAFF**

√ DOCUMENTS SUBMITTED		NOTES
<input type="checkbox"/>	Completed Application	
<input type="checkbox"/>	Valid Photo ID	
<input type="checkbox"/>	Questionnaire <input type="checkbox"/> N/A	
<input type="checkbox"/>	Rental Lic. Affidavit <input type="checkbox"/> N/A	
<input type="checkbox"/>	Lease Addendum <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Crime Free Course <input checked="" type="checkbox"/> N/A	
<b>INSURANCE</b> <input type="checkbox"/> N/A		
<input type="checkbox"/>	Liability	
<b>PROOF OF OCCUPANCY</b> <input type="checkbox"/> N/A		
<input type="checkbox"/>	Current Lease (Renting)	
<input type="checkbox"/>	Deed (Own)	
<b>REQUIRED LICENSES</b> <input type="checkbox"/> N/A		
<input type="checkbox"/>	State (Daycare) <input type="checkbox"/> N/A	
<input type="checkbox"/>	Sanitation <input type="checkbox"/> N/A	
<b>PLANS</b> <input type="checkbox"/> N/A		
<input type="checkbox"/>	Business	
<input type="checkbox"/>	Floor	

ATTACHED INSPECTIONS REPORTS		FEE AMT	PD
<b>ZONING</b> <input type="checkbox"/> N/A			
1 <sup>st</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
2 <sup>nd</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
3 <sup>rd</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
<b>HEALTH</b> <input type="checkbox"/> N/A			
1 <sup>st</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
2 <sup>nd</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
3 <sup>rd</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
<b>FIRE</b> <input type="checkbox"/> N/A			
1 <sup>st</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
2 <sup>nd</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
3 <sup>rd</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
<b>PUBLIC SAFETY</b> <input type="checkbox"/> N/A			
1 <sup>st</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
2 <sup>nd</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		
3 <sup>rd</sup>	<input type="checkbox"/> PASSED   <input type="checkbox"/> FAILED		

FILE REVIEWS	STAFF	DATE
<b>Economic Development:</b> Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Accounting:</b> Non-property taxes owed <input type="checkbox"/> Yes \$ <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>County Treasure:</b> Property Taxes owed <input type="checkbox"/> Yes \$ <input type="checkbox"/> No <input type="checkbox"/> N/A		

COH FEES   DEBTS OWED	AMT	PD
Water: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Violations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business License Fee		
Other:		
<b>TOTAL</b>		
<b>DATE PAID</b>		
<b>Accepted By:</b>		
<b>Receipt #:</b>		

STATUS	BUSINESS LICENSE #
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> DENED	Reason: