



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

## Restaurant License Renewal Application

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

ALL LICENSES EXPIRE AUGUST 30TH FOLLOWING THEIR ISSUANCE

Please note: The license renewal fee for a Restaurant License is \$ 600.00  
The license renewal fee for a Restaurant License (Mobile Dispensing) is \$ 300.00

I hereby apply for renewal of my Restaurant (Mobile Dispensing) License for the period of  
September 1,20\_\_\_\_\_ through August 30,20\_\_\_\_\_.

(For a Mobile vendor, please attach to this application a copy of the most recent vehicle/liability insurance issued to this business.)

### **1. BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

IBT or FEIN Number: \_\_\_\_\_

### **2. APPLICANT INFORMATION**

*(Individual who is completing this application)*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile/Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please refer to your original Restaurant License Application. Review the answer to each question on your original application and determine if any of the answers and/or information in your original application has changed.

- 3. Has any of the information or any answer in your original application changed? (Please remember that this includes any violations of law, change of stock ownership, officers, directors, managers, etc.)

YES       NO

If YES, please either obtain a new long form application from the City, or attach additional sheets to this application. Indicate the question number for which any information/answer has changed, and furnish all new information and any appropriate explanation(s).

- 4. Each person certifies that by signing this application that he/she has read the current City of Highwood Restaurant Sales Ordinance, has the authority to bind the applicant, and agrees that the applicant and its employees and agents agree to be bound by each provision therein and that they shall fully comply with its terms and all future amendments. The applicant agrees that it will not seek refunding of any fee paid. The applicant does indemnify and hold harmless the City from any and all claims relative to the application, granting or denial of the license, and further agrees that any license granted is subject to the terms of the ordinances of the City and requires renewal on an annual basis. Each person further certifies by signing this application that no information or any answer to the original application. Has changed, except, and only to the extent as specifically indicated in attachments to this Renewal Application. **FAILURE TO PROVIDE UPDATED INFORMATION IS GROUNDS FOR SANCTIONS UNDER THE RESTAURANT LICENSING ORDINANCE, INCLUDING REVOCATION OF ANY LICENSE ISSUED.**

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 I HAVE TRUTHFULLY ANSWERED ALL OF THE QUESTIONS AND THAT NO INFORMATION OR ANY ANSWER TO THE ORIGINAL APPLICATION HAS CHANGED, EXCEPT, AND ONLY TO THE EXTENT AS SPECIFICALLY INDICATED IN ATTACHMENTS TO THIS RENEWAL APPLICATION, AND THAT I WILL PROVIDE WHATEVER ADDITIONAL INFORMATION IS REQUESTED FOR CONSIDERATION OF THIS APPLICATION.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title/Position: \_\_\_\_\_

(PLEASE HAVE SIGNATURES ON THIS PAGE NOTARIZED)

SUBSCRIBED and SWORN to before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public