

David A. Gonzalez
Mayor



Jim Dee
Treasurer

Lori Wilcox
City Clerk

OFFICE OF THE CITY CLERK

1601 Chicago Road, Chicago Heights, IL 60411

Phone (708) 756-5304 / Fax (708) 756-5310

www.cityofchicagoheights.org

APPLICATION FOR GENERAL BUSINESS - \$ 100.00 LICENSE FEE

NON-REFUNDABLE PROCESSING FEE \$50.00 DUE AT TIME OF APPLICATION & APPLICABLE TO LICENSE FEE.

(NOTE: Application will expire 90 days from date of application; one 30 day extension granted upon written request of applicant)

TO: CITY CLERK: THE UNDERSIGNED HEREBY MAKES APPLICATION TO ESTABLISH OR CONDUCT A GENERAL BUSINESS WITHIN THE CITY OF CHICAGO HEIGHTS.

Office use only: Name of Business: License # _____ Date Applied _____ Date Issued _____

Applicant Name _____ Title _____ Phone _____ Phone _____

Type of business: Sole Owner ____ Partnership ____ LLC ____ Corporation ____ Non Profit ____ other ____

Legal Business Name / Doing Business As _____

Business Location: _____

Location Phone # _____ Fax # _____

Store Manager _____ Phone _____

Corporation: Yes ____ No ____ President _____

Corporation: Attach copy of Articles of Incorporation & FEIN Federal Employer Identification # Certificate

Business Website & Email Address _____

FEIN # - Federal Employer Identification Number: _____ Number of Employees _____

Illinois Sales Tax #: _____ (attach copy of sales tax certificate)

Illinois Sales Tax Certificate must be submitted within 30 days of license issuance.

Illinois License Type Required _____ Number _____

Attach copies of licenses: DCFs, Food Sanitation, Cosmetology, Consumer Installment Loan, Dealer, Trucking, Recycler, 501(c) 3, & any other government required licenses.

Has State license ever been suspended or revoked? Yes ____ No ____ State reason and date _____

Describe business activity in detail _____

Driveway(s) ____ Electric Sign ____ Non-Electric Sign ____ Awning ____ Marquee ____ Banner ____ Other ____

PROOF OF SCAVENGER SERVICE / REFUSE PICK UP REQUIRED BEFORE LICNESE CAN BE ISSUED

ALLIED/REPUBLIC (former Skyline) _____ HOMEWOOD DISPOSAL _____

Number of Vending Machines: ____ Soda ____ Snack ____ Toy ____ Game ____ Other

Vending Machine Owner, Address, Phone _____

APPLICATION FOR GENERAL BUSINESS:

BUSINESS NAME _____

BUILDING OWNER INFORMATION

Building Owner Name (PRINT) _____ **Home Address** _____
(INDIVIDUAL)

Building Owner Name (COMPANY) _____ **Company Address** _____

Building Owner Business Address _____

Building Owner Home Phone _____ **Business Phone** _____

Building Property Tax ID Number _____

Primary Contact Person: Name _____ **Address** _____

Phone # _____ **Cell Phone #** _____ **Fax #** _____ **E-mail** _____

CORRESPONDENCE TO BUILDING OWNER SHOULD BE MAILED TO:

Building Insurance Company / Agent _____ **Phone** _____

BUILDING OWNER Signature _____ **PRINT NAME:** _____ **Date** _____

BUSINESS OWNER : AFFIRMATION AND CONSENT

I AGREE TO ABIDE BY ALL THE RULES, REGULATIONS AND ORDINANCES OF THE CITY OF CHICAGO HEIGHTS. I AFFIRM THAT ALL STATEMENTS MADE ARE TRUE. HAVING APPLIED FOR A BUSINESS LICENSE WITH THE CITY OF CHICAGO HEIGHTS (CITY), I DO HEREBY GRANT THE CITY, DEPARTMENTS AND AGENTS THEREOF, PERMISSION TO PERFORM ANY/ALL CRIMINAL AND NON-CRIMINAL BACKGROUND CHECKS ON ME. I DO HEREBY KNOWINGLY GIVE MY CONSENT TO THE AFOREMENTIONED AUTHORITIES TO RUN MY DRIVERS LICENSE RECORD AS WELL AS AN AUTOMATED COMPUTERIZED RECORDS CHECK AND/OR FINGERPRINT VERIFICATION RECORDS CHECK TO DETERMINE ANY PRIOR CRIMINAL HISTORY I MAY OR MAY NOT HAVE PURSUANT TO MY APPLICATION WITH THE CITY. I UNDERSTAND THAT THE INFORMATION OBTAINED WILL ONLY BE UTILIZED FOR THE PURPOSE OF LICENSING AND WILL NOT BE SHARED WITH OR RELEASED TO ANY AGENCY WITHOUT MY APPROVAL. FAILURE TO DISCLOSE MAY RESULT IN A NEW APPLICATION FEE.

Date of Birth: _____ **Place of Birth:** _____

Social Security # _____ **Driver's License #** _____

ITIN # _____ **Matricula #** _____

Attach readable copies of *valid* identification.

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR CONVICTED OF ANY CRIMINAL OFFENSE?
YES _____ **NO** _____. **IF SO, STATE WHEN, WHERE AND THE CHARGE. USE OTHER SIDE OF THIS APPLICATION IF MORE SPACE IS NEEDED FOR DETAILS.**

BUSINESS OWNER Signature _____	Date _____
Business Owner Name (Please Print) _____	
Business Owner Home Address _____	ST _____ ZIP _____
Business Owner Home Phone _____	Business Phone _____
Business Owner E-mail & Website _____	Cell Phone _____

**CITY OF CHICAGO HEIGHTS
BUSINESS LICENSE PROCESS**

Dear Business License Applicant: Thank you for your application for a business license. Here is some additional information for you to help the application process go smoothly:

Your application will go through a process whereby it will need to be approved by all of the following City departments: Police, Planning and Zoning, Water, Code, Fire, & City Clerk's Office. Denial by any one of the departments will prevent the application from moving forward.

CODE ENFORCEMENT—After you have passed the police background check, Code Enforcement will contact you to arrange an inspection of the business premises. It will inspect for code compliance, and electrical and plumbing issues. If you do not pass the first inspection for any of these, it is your responsibility—not the building owner—to call Code Enforcement for the re-inspection once all repairs are done. You will be contacted by Code Enforcement in 30 days if you have not called for the re-inspection. The building inspection fee is a minimum of \$ 200; re-inspection fee is \$ 100. Code Enforcement issues the Occupancy Permit once the inspection is passed on all issues.

FIRE DEPARTMENT—this department will do a fire inspection of your premises. It will look for clear exit ways, exit signs, smoke and carbon monoxide detectors, emergency lights, fire extinguishers and fire alarm systems. If the fire department does not come with Code Enforcement for the first inspection, you should call the number listed below to schedule your fire inspection at no additional charge.

WATER BILLING--If you will be responsible for the water usage, you will need to set up an account with Water Billing. If the water usage will be paid by the landlord and an account is already set-up, the account will have to be paid to date for approval by the water department. Regardless, two water account forms are attached to your business license application; both of these forms must be completed and turned in with your application.

SCAVENGER SERVICE—Proof of service is required for the business location. You may call Republic Services/Allied Waste or Homewood Disposal and have them fax the Clerk's office proof of service. Or, you may bring a copy of your scavenger service agreement or paid invoice to the Clerk's Office.

Police Department:	708-756-6333	Officer Woodrow Stacey
Water Billing:	708-756-5344	Fax: 708-756-4017
Code Enforcement:	708-756-5328	
Fire Department:	708-756-5370	
City Clerk's Office:	708-756-5304	Rachel Fax: 708-756-5310
Homewood Disposal:	708-798-1004	
Allied Republic Services	708-754-5460	

The City Clerk's Office will issue your business license once all inspections have been passed, all license fees paid, and all required documentation has been submitted. In the meantime, **YOU CANNOT OPERATE YOUR BUSINESS WITHOUT A BUSINESS LICENSE**. Please feel free to contact the City Clerk's Office with any questions during your process. Thank you and well wishes and prosperity to you on your new business venture.

CITY CLERK'S OFFICE

June 13, 2017

LANDLORD/OWNER
APPLICATION FOR WATER SERVICES

Date: _____

Service Start Date: _____

Service Address: _____

Landlord Owner Assuming Responsibility [Reason]: _____
Select only one: (Note: If you are the owner and you are renting please check Landlord)

Landlord/Owner Information:

Primary Name: _____

State ID Driver's License #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Date of birth: _____

Person Responsible for the water bill: Owner /Landlord Tenant

If the Tenant is responsible for the water bill a duplicate bill will be sent to the billing address.

Billing Address: Billing Name: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

Tenant Information: (only complete if the tenant is responsible for receiving the water bill)

Name	Address/City/State	Telephone/Cell Phone

As the landlord/owner of this property I plan to rent this property. **By renting this property I understand that I am ultimately responsible for the water bill on this account. If the tenant leaves an outstanding balance on this account, I understand that I am responsible for paying the outstanding balance.** I also understand that before a new tenant can move into this property a final bill must be processed, the water bill must have a zero balance and a new tenant's application must be submitted.

As the owner of this property I plan to live in this property and I acknowledge that I am responsible for the water bill. I understand that if I plan to rent this property that I must have a final bill produced and have the prospect tenant complete an application for water services.

Signature

Date

FOR OFFICE USE ONLY: CLERK'S OFFICE

Proof of residency: Lease Mortgage
 Proof of ID: D/L State ID Other: _____
 Date: _____ Clerk: _____

FOR OFFICE USE ONLY: W/B

Approved Denied Reason: _____
 Reading: _____ Balance: _____
 Date: _____ Rv 10/15/13-KJ
 Clerk: _____
 Final Reading: _____ Date: _____ Bill Amount: _____

TENANT
APPLICATION FOR WATER SERVICES

Date: _____

Service Start Date: _____

Service Address: _____

Tenant Information:

Primary Name: _____ State ID/Driver's License #: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Date of birth: _____

Secondary Name: _____ State ID/Driver's License #: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Date of birth: _____

Landlord Information:

Landlord's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

As the tenant of this property I acknowledge that I am responsible for the water bill and I understand that if I move from this property I must have a final reading and leave this property with a zero balance.

As the tenant of this property I acknowledge that I am **not** responsible for the water bill and I do not want the water bill in my name.

Signature

Date

<p>FOR OFFICE USE ONLY: CLERK'S OFFICE</p> <p>Proof of residency: <input type="checkbox"/>Lease <input type="checkbox"/>Mortgage</p> <p>Proof of ID: <input type="checkbox"/>D/L <input type="checkbox"/>State ID <input type="checkbox"/>Other: _____</p> <p>Date: _____ Clerk: _____</p>	<p>FOR OFFICE USE ONLY: W/B</p> <p><input type="checkbox"/>Approved <input type="checkbox"/>Denied Reason: _____</p> <p>Reading: _____ Balance: _____</p> <p>Date: _____</p> <p style="text-align: right;">Rv 10/15/13-KJ</p>
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Water Billing General Information

Water Service

An application is required if a name is being changed/added to an account or if the services are being reconnected. The applicant will be required to present a government issued photo ID and may also be asked to provide proof of residency at the service location (lease or mortgage). If the applicant is a landlord, an application for landlords must be completed. If the applicant is a tenant, a current landlord's application must be on file. All bills for water service are due and payable within 15 days from the date of billing. Water bills can be paid on or before the due date. Payments can be brought into the clerk's office, Monday – Friday between the hours of 8:30 a.m. – 5:00 p.m. or you can use the drop box located in the parking lot of city hall. For drop box or mail please remember to include the right side portion of your bill along with the account number written on your check made payable to: City of Chicago Heights. Visa or master card payments can be accepted over the phone. Always remember, a final reading must be processed and the bill must be paid in full before the application is approved. You will be notified within 1-2 business days if the application is denied.

- Make an application for water service.
- Show proof of identification

Final Readings

A final reading is required when a customer is selling their property or when a different tenant is being moved in or out of a rental property. It is the owner's responsibility to schedule an appointment for a final water meter reading. If the owner is selling the property the owner must make sure that the Code Enforcement Department is contacted to schedule for a meter inspection. A meter inspection is not the same as the final bill. The final bill is good for up to two weeks after the date of the final reading. If the bill is not paid in full, within the two week time frame, the owner will need to schedule another final reading. We will not issue transfer tax stamps or approve an application for water services unless a final reading has been completed and paid in full.

NEW TENANT

If you are a new tenant, please make sure a final reading for the previous occupant has been completed and paid in full and your new tenant application has been completed and submitted to the Water Billing Department.

TENANT MOVING

If you are a tenant that is moving out of a property, please make sure that you call the Water Billing office at 708-756-5344 when your final water payment has been completed. This will ensure that your information is removed from the account.

- Schedule an appointment for a final reading at least 2 days prior to the date of your scheduled closing or change of tenant.
- You will need to be present to give the meter reader access to the inside meter.
- The final bill will be faxed to the clerk's office 24 hours after the scheduled appointment.
- Pay the final bill in full within 10 days.
- Pay with Cash, Money Order or Credit Card or a check from the attorney's office handling the closing of the sale. Personal Checks are NOT accepted. You can also pay online visit: www.cityofchicagoheights.org

Discontinuation of water services

A shut off notice will be issued to accounts that are not paid in full within 15 days from the date of billing. If an account is not paid in full within 15 days of the shut off notice, water services will be discontinued. If water service is terminated for nonpayment, there is a \$100.00 turn off fee to restore water service. This fee must be paid in full in addition to the unpaid balance of the account before the water will be turned back on to the property. Any bills for water service remaining unpaid for thirty days after being due are declared delinquent and will be turned over to our designated collection agency. A 30% collection fee will be added to the delinquent balance.

Pay online visit: www.cityofchicagoheights.org

Payment Arrangement

An account is **NOT** eligible for a payment arrangement if the water services has been disconnected for non-payment or if an account is delinquent and has been turned over to the collection Agency. 50% of the balance will need to be paid and the remaining balance is to be paid in bi-monthly installments not to exceed one year from the commencement of the installment agreement. A payment agreement must be signed and the initial payment must be received in order for the payment arrangement to be valid.

Restoration of water services

The Water Department shall reinstate water service to the customer within twenty-four hours of the Water Department's receipt of the complete payment including all fees. At the time of turning water service back on the owner or occupant must be present. An adult 18 years or older must be home at the time water service is restored.

Before water service can again be fully reestablished, the applicant must:

- Pay the balance in full.
- Pay a \$100.00 turn off fee.
- Pay with Cash, Money Order or Credit Card. **Checks are NOT accepted.**
- Make a new application for water service.

Senior Citizen Discounts

A senior citizen discount is offered to residents that are 65 years of age and older and residing in a single-family residence. This application is available at the water billing office. Upon approval of this application, the Senior Citizen will receive a 20% discount on the water usage.

The reduced rate will become effective upon the next regular billing date, provided that the application has been filed with and accepted by the city clerk at least 15 days prior to the regular billing date and will apply only to single family dwelling units actually occupied by the applicant.

- Fill out a Senior Citizen Application.
- Show proof of identification.
- Show proof of residency.

My Water Bill

Effective 1/1/2013: \$38.24 Community Service Fee removed from Residential Accounts. Old rate: 2.47 New Rate: 5.50

Water Rate & Usage	The amount charged per each 1-unit of water used: Water Rate: 5.50 Per each 1 unit of water used Example 16 units of water multiplied by a rate of 5.50 = Water Usage of: \$ 88.00
Senior Citizen Discount	Senior residents 65 years of age and older can apply to receive a discount on their water bill. 20% of the water usage amount Example: 16 units of water = \$88.00 – Discount \$17.60 = Water Usage of: \$ 70.40
Sewer Maintenance	Maintenance of the Sewer Lines Sewer Rate: .90 per each 1 unit of water used
Thorncreek Sanitary Basin	Waste Water Treatment Charges Regular: 1.38 per each 1 unit of water used plus a handling fee of 1.90 Flat Rate: 28.01 per month plus a handling fee of 1.90 Restaurants: 4.01 per each 1 unit of water used plus a handling fee of 2.36
Environmental Fee	This fee is to support operations and services provided by the city. Commercial & Industrial Accounts: 10.00 Per month
Service Fee	A monthly fee for connection to the city's water and sewer lines from Hammond. \$4.00 per month.
Maintenance Fee	Active residential accounts with NO water use. \$10.00 per month
Billing	Residential Accounts: Billed every other month Commercial & Industrial Accounts: Billed monthly

Rv 10/15/13-KJ