CITY OF HARVARD HOME OCCUPATION PERMIT APPLICATION

Application Fee \$100

Applicant's/Owner's Name	Home Address		City	City		Zip
					1	!
Property Owner (if different than applicant)	Home Address City			State	Zip	
Organization/Corporation Name			•		•	-
DBA Name	_					
EIN	Illinois Business Tax No./Expiration Date					
Type of Business						
Estimated number of customer visits per	week	:				
Number of employees who are members	of im	mediate family:				
Number of employees who are not members of immediate family: Full time				Part time		
Will there be any mechanical or electrical equipment operated, installed or						
maintained other than what is customarily incidental to a home? If yes, describe: \Box Yes \Box No						
Does your business involve the keeping or	r care	e of any live animals, i	fowl or reptiles?	□ Y	es 🗆]	No No
SIGNATAURE/TITLE/DATE I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct. They are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Harvard to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the City of Harvard, the United States of America, or the State of Illinois, in particular Chapter 21.14, Home Occupations Permit of the City of Harvard Municipal Code Book. Further, I agree to promptly notify the City of Harvard in the event the permitted home occupation ceases to operate or if information submitted to the City changes.						
Signature of Applicant Phone No.	<u>-</u>	Title/Position	Email		Date	
CITY COUNCIL ACTION						
Building & Zoning Inspector Approval	City Council Approval Date Permi			Permit 1	Number	