



City of Highland Park  
Office of Business Development  
1707 St Johns Avenue  
Highland Park, Illinois 60035  
Phone 847.926.1027 Fax 847.432.7625

## Business Registration Form

Please complete **ALL** sections of this form and return it to the address above with a \$35 check made payable to the City of Highland Park for the annual registration fee. After July 1, the fee is prorated to \$17.50.

### PLEASE PRINT

Business Name: \_\_\_\_\_ D/B/A: \_\_\_\_\_

Business Address (include suite#): \_\_\_\_\_ Highland Park, IL 60035

Business Location Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Business Location (check one): Ground Floor  Above/Below Ground Floor  Other: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Mailing Phone: \_\_\_\_\_

Illinois Business Tax Identification Code: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Number of Employees (including independent contractors) Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Type (check one): Corporation  LLC  PC  Individual  Partnership  Other: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of On-Site Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contacts for Police, Fire, or Other:

1. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Alarm Systems (check one): Yes  No  Type(s) check all that apply: Fire  Theft

Property Owner or Management Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Expected Date of Opening: \_\_\_\_\_

Please include business information on/in: City's Website: Yes  No

Bi-Weekly Newsletter Announcement: Yes  No

Highlander Announcement: Yes  No

Please Read and Sign Below. I certify that the above information is correct:

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

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