



City of Highland Park

City of Highland Park
City Clerk's Office
1707 St Johns Avenue
Highland Park, Illinois 60035

Food Service License Application

January 1 to December 31

PLEASE PRINT

(Check One)

- | | | |
|--------------------------|-------------------------------------|----------|
| <input type="checkbox"/> | Catering Establishment | \$100.00 |
| <input type="checkbox"/> | Delivery Establishment | \$100.00 |
| <input type="checkbox"/> | Mobile Establishment | \$100.00 |
| <input type="checkbox"/> | Take Out Establishment (Food Store) | \$100.00 |

Date: _____

Name of Venue: _____

Address of Venue: _____ Highland Park, IL 60035

Name of Owner: _____

Owner Address (Street, City, State, Zip): _____

Business Phone Number: _____ Home Phone Number: _____

In consideration for issuance of this license the undersigned applicant agrees to pay the required fee, and that all laws and ordinances of the City of Highland Park will be fully complied with at all times. An inspection by the Lake County Health Department is required before this license will be issued.

Print Name: _____ Position/Title: _____

Signature: _____ Date: _____

Office Use Only:

Check Number: _____ License Number: _____ Date Mailed: _____ Initials: _____