



# City of Highland Park

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

## Restaurant/Limited Food Service (LFS) License Application

January 1 to December 31

**PLEASE PRINT**

(Check One)

- |                          |                                 |          |
|--------------------------|---------------------------------|----------|
| <input type="checkbox"/> | Restaurant/LFS 20 Seats or Less | \$100.00 |
| <input type="checkbox"/> | Restaurant/LFS 21-100 Seats     | \$150.00 |
| <input type="checkbox"/> | Restaurant/LFS 101+ Seats       | \$200.00 |

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

Name of Restaurant/LFS: \_\_\_\_\_

Address of Restaurant/LFS: \_\_\_\_\_ 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: \_\_\_\_\_