

CITY OF HIGHLAND PARK

**APPLICATION FOR
RESTAURANT/LIMITED FOOD SERVICE (LFS) LICENSE**

JANUARY 1, 2015 TO DECEMBER 31, 2015

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 | More than 100 Seats | \$200.00 |

Date

Name of Restaurant/LFS

Address of Restaurant/LFS

Name of Owner

Street Address of Owner Suite / Apt. No. City State Zip

Business Phone Home Phone

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.

Signature

Title

Date

Office Use Only:

Date Rec'd

Check No.

License No.

Date Mailed