

# City of Highland Park

## Project Blue Light Business Application

Thank you for your interest in Project Blue Light! This is a public-private-community program, blending real-time crime-fighting and community policing to improve neighborhood safety, promote revitalization and growth of local businesses, and strengthen HPPD's efforts to deter, identify, and solve crimes.

Things you should know before joining the program:

1. If you currently have surveillance cameras, Project Blue Light will supplement your existing system, not replace it.
2. Your business must have adequate lighting.
3. Although HPPD does not charge a fee for participation, business owners are responsible for the following costs:
  - Installation and maintenance of Project Blue Light cameras
  - Blue light
  - Project Blue Light signs

If your business is closed due to renovations, remodeling, or construction please wait to complete this online application until your business is 2 weeks away from opening.

**\* Required**

Highland Park Business Address \*

Answer: \_\_\_\_\_

Business Name \*

Answer: \_\_\_\_\_

Business Corporate Entity Name \*

Answer: \_\_\_\_\_

Business License Number \*

Answer: \_\_\_\_\_

Business License Expiration Date

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

Business Phone Number \*

Answer: \_\_\_\_\_

Owner's Full Name \*

If corporate owned, please enter the full name of the company contact

Answer: \_\_\_\_\_

Owner's Date of Birth (If corporate owned, please enter N/A)

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

Owner's Home Address \*

If corporate owned, please enter the corporate address

Answer: \_\_\_\_\_

Owner's Phone Number \*

If corporate owned, please enter the phone number of the company contact

Answer: \_\_\_\_\_

Owner's Email \*

If corporate owned, please enter the email of the company contact

Answer: \_\_\_\_\_

Primary Contact

Only complete if different from owner's name

Answer: \_\_\_\_\_

Primary Contact Email

Only complete if different from owner's email

Answer: \_\_\_\_\_

Primary Contact Phone

Only complete if different from owner's phone number

Answer: \_\_\_\_\_

Select Business Type (circle one)\*

- Gas station
- Grocery Store
- Liquor Store
- Restaurant
- Medical
- Apartment Building
- Church
- Community Center
- School / Vocational Center
- Child Care Center
- Car Wash
- Bank
- Laundromat
- Retail Store
- Other: \_\_\_\_\_

List Business Days and Hours of Operation \*

Answer: \_\_\_\_\_

Are you the business owner? \*

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you own the building? \*

\_\_\_\_\_ Yes \_\_\_\_\_ No

How many businesses occupy your building? \*

Answer: \_\_\_\_\_

Number of public entrances \*

Answer: \_\_\_\_\_

Select Property Description (circle one)\*

- Single business in one building
- Single business in two or more buildings
- Multiple businesses in one building
- Multiple businesses in two or more buildings
- Other:
- How is the property used? \*
- Retail
- Residential
- Industrial
- Offices
- Multi-use
- Hotel / Motel
- Other: \_\_\_\_\_

By signing below, you agree to the terms and requirements stated in the Memorandum of Understanding (MOU) and are authorized to do so. \*

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

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

Print Name: \_\_\_\_\_