

Phone (618) 635-2233 Fax (618) 635-3644

BUSINESS LICENSE APPLICATION

LICENSE FEE - \$25.00
BACKGROUND CHECK FEE - \$50.00

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Business:

Business Title		Location Address of Business or Occupation	ness or Occupation
Primary Type of Business	8	Retailer's Occupation Tax Number (if applicable)	x Number (if applicable)
Zoning District			
Applicant:		Co-Applicant:	
Last, First,	Middle	Last, First,	Middle
Residence Street Address	×	Residence Street Address	<i>δ</i> 6
City	State Zip	City	State Zip
Home Phone #	Business Phone #	Home Phone #	Business Phone #
Date of Birth	Driver's License#	Date of Birth	Driver's License #
Social Security #	FEIN# (if applicable)	Social Security #	FEIN # (if applicable)
Applicant's Signature		Application submitted on	/
Co-Applicant's Signature			

Required Attachments: Copy of Photo I.D. <u>OR</u> Certificate of Good Standing from IL Secretary of State Note: Applicants may have to meet additional requirements as listed in the "<u>Revised Code of Ordinances for the City of Staunton</u>".

City, State, Zip	Yes no erated? Yes no the following information. Residence Street Address	1.) Have you previously operated any business? Yes no 2.) If, so, please indicate the address of the business? 3.) Did you own the property where the business was operated? Yes no Nowner of Property: Cowner of Property: Last Name, First Middle Residence Street Address Residence Phone Residence Phone	ase indicate the property: perty: First one	1.) Have you previous pusitiess 1.) Have you previous 2.) If, so, please ind 3.) Did you own the 4.) If you rented or Owner of Property: Cast Name, Last Name, Business Phone
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