## **VILLAGE OF GODFREY APPLICATION FOR BUSINESS LICENSE/REGISTRATION BUSINESS INFORMATION Business Name:** Date to Open: **Business Address: Business Phone: Business Type: Fax Number: Years in Business: Product Sold: Owner Information** Name: **Mailing Address:** Phone: City: Zip: State: **Property Information:** Zoned: Signage: Parcel ID: **Signature of Zoning Administrator:** Date: **Inspection by Fire Department:** Date: **Inspection by Health Department:** Date: have completed and submitted an application for Business License in the Village of Godfrey, Illinois, with the knowledge that this does not indicate that I have been licensed to operate business. The business will not be licensed until all inspections have been completed and approved. **Signature of Applicant: Date Business License Fee paid:**