

Exempt

BUSINESS APPLICATION/REGISTRATION

BUSINESS INFORMATION Business Name: Business Address: _____ Phone: _____ Business Type: _____ Email: _____ Products Sold: ______ Years in Business: _____ OWNER INFORMATION Name: ______ Phone: _____ Mailing Address: City: ______ State: _____ Zip Code: _____ PROPERTY INFORMATION Parcel ID: Zoned: ______ Please share in the space below, any new or additional information that we may need. All APPROPRIATE PERMITS MUST BE OBTAINED THROUGH THE BUILDING AND ZONING DEPARTMENT PRIOR TO ANY CONSTRUCTION/REMODEL. ANY CONSTRUCTION DONE WITHOUT A PERMIT WILL RESULT IN A \$250,00 FINE. A \$25.00 fee for the business license will need to be paid when submitting this application unless your business is exempt due to state licensing have completed and submitted an application for a 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: _____ Please make checks payable to Village of Godfrey Check the box that applies: Payment Enclosed

IF THIS IS A NEW BUSINESS: Please give a general description of work being done prior to opening. Include any construction, electrical or	
	IROUGH THE BUILDING AND ZONING DEPARTMENT PRIOR TO ANY
CONSTRUCTION/REMODEL. ANY CONSTRUCTION	DONE WITHOUT A PERMIT WILL RESULT IN A \$250.00 FINE.
	FOR OFFICE LIGH
	FOR OFFICE USE
Signature of Zoning Administrator:	Date:
Signature of Fire Chief:	Date:
Signature of Electrical Inspector:	Date:
	2 1
Signature of Plumbing Inspector	Date:
orginates of Francisco	
Business License Fee Paid:	Date:
business Electise ree raid.	Date.
Notes/ Restrictions:	