



BUSINESS APPLICATION/REGISTRATION

BUSINESS INFORMATION – (For year _____)

Business Name: _____ Hours of Operation: _____
Business Address: _____ Phone: _____
Business Type: _____ Email: _____
Products Sold: _____ Years in Business: _____

OWNER INFORMATION

Name: _____ Phone: _____
Mailing Address (Not Business Address): _____
City: _____ State: _____ Zip Code: _____
Email Address (If different from above): _____

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

I, _____ 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: _____

Would you like your Business License Mailed _____ **OR** **Picked up at the Clerk's Office** _____

Check the box that applies: Make checks payable to: Village of Godfrey 6810 Godfrey Rd Godfrey, IL 62035

☐ Payment Enclosed

☐ Exempt

IF THIS IS A NEW BUSINESS:

Please give a general description of work being done prior to opening. Include any construction, electrical or plumbing work, and signage being installed: _____

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<u>FOR OFFICE USE</u>

Signature of Zoning Administrator:	Date:
Signature of Fire Chief:	Date:
Signature of Electrical Inspector:	Date:
Signature of Plumbing Inspector	Date:
Business License Fee Paid:	Date:

<u>Notes/ Restrictions:</u>
