GODFREY
ILLINOIS
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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

Approved on _____ BL # _____

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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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FOR OFFICE USE

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:

Notes/ Restrictions: