



BUSINESS REGISTRATION APPLICATION

License Year: July 1, 20____ through June 30, 20____

ORIGINAL____ RENEWAL____

Business Information

Business Name _____

Address _____ Unit # _____

Business Phone # _____ Hours of Operation: _____

Number of Employees – Full time: _____ Part time: _____

Nature/Type of Business _____

Business (Individual, partnership, corporation) _____

Municipal Retailer's Occupational Tax Number (or Sales Tax Registration #) _____

Federal Employment Identification Number (or Social Security #) _____

Hazardous/Flammable chemicals stored on site (described) _____

Alarm Service Name and Phone # _____

Owner/Corporate Information

Owner's Name _____

Phone # _____ Cell # _____ Email _____

Address _____

Business Manager Information *(notify Village of all management changes throughout year)*

Manager's Name _____

Phone # _____ Cell # _____ Email _____

Emergency Contact Information

Name _____

Phone # _____ Cell # _____ Email _____

Address _____

Lessor/Property Management Information *(if business is leased)*

Name of Lessor _____ Property Manager Name _____

Lessor/Property Mgmt Address _____

Emergency Phone # _____ Email _____

I have truthfully and correctly completed this application. All information herein is true and correct to the best of my knowledge and belief.

Signature of Person Completing Form _____ Title _____ Date _____

For Office Use Only

Number: _____ -BR _____ Issue Date: _____

Other Licenses: