



BUSINESS LICENSE APPLICATION

LICENSE FEE - \$25.00
BACKGROUND CHECK FEE - \$16.00

License shall commence _____, 20_____

Business:

_____	_____
Business Title	Location Address of Business or Occupation
_____	_____
Primary Type of Business	Retailer's Occupation Tax Number (if applicable)

Zoning District	

Applicant:

Co-Applicant:

_____	_____	_____	_____	_____	_____
Last,	First,	Middle	Last,	First,	Middle
_____	_____	_____	_____	_____	_____
Residence Street Address			Residence Street Address		
_____	_____	_____	_____	_____	_____
City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____
Home Phone #	Business Phone #		Home Phone #	Business Phone #	
_____	_____		_____	_____	
Date of Birth	Driver's License #		Date of Birth	Driver's License #	
_____	_____		_____	_____	
Social Security #	FEIN # (if applicable)		Social Security #	FEIN # (if applicable)	
_____	_____		_____	_____	

_____	Application submitted on _____ / _____ / _____
Applicant's Signature	Date

Co-Applicant's Signature	

Required Attachments: Copy of Photo I.D. OR Certificate of Good Standing from IL Secretary of State
Note: Applicants may have to meet additional requirements as listed in the "Revised Code of Ordinances for the City of Staunton".

Previous Business Information Required for **New Business License Applicants only**.

1.) Have you previously operated any business? Yes _____ no _____

2.) If, so, please indicate the address of the business? _____

3.) Did you own the property where the business was operated? Yes _____ no _____

4.) If you rented or leased the property, please complete the following information.

Owner of Property:

Last Name, First Middle Residence Street Address City, State, Zip

(____) _____ (____) _____
Business Phone Residence Phone