



# CITY OF CENTREVILLE

5800 Bond Ave  
Centreville, Il 62207  
618-332-1021 618-332-8822

## BUSINESS LICENSE APPLICATION

Application Received By: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Council Meeting Date: \_\_\_\_\_  
Approved: \_\_\_\_\_ or Denied: \_\_\_\_\_

### REASON FOR SUBMITTAL:

( ) New business      ( ) Relocation of existing business      ( ) New business owner of existing business

### BUSINESS OWNER INFORMATION:

Business Owner Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Driver's License / ID #: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Email: \_\_\_\_\_

Co - Business Owner Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Driver's License / ID #: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### BUSINESS LOCATION AND INFORMATION:

Address: \_\_\_\_\_  
Does your business require a state license? \_\_\_\_\_  
Name of registered Agent of business \_\_\_\_\_  
Address of registered agent \_\_\_\_\_  
Tax Identification Number \_\_\_\_\_

### USE OF PROPERTY:

Type of Business: \_\_\_\_\_  
Hours of operation: \_\_\_\_\_ If seasonal, from \_\_\_\_\_ to \_\_\_\_\_  
Number of employees: \_\_\_\_\_ Retail Sale of merchandise: Yes ( ) ( ) No  
Size of building: \_\_\_\_\_ SQ Area to be used by business: \_\_\_\_\_ SQ  
What type of Equipment will be stored in building: \_\_\_\_\_

What type of Equipment will be stored outside of building: \_\_\_\_\_

### BUSINESS INFORMATION:

Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Business Email: \_\_\_\_\_

Have you owned, or operated a business before? If yes, answer the following:

Date From: \_\_\_\_\_ To: \_\_\_\_\_

Name of former business \_\_\_\_\_

Location: \_\_\_\_\_

Reason for closing: \_\_\_\_\_  
\_\_\_\_\_

Illinois Business authorization number (Sales / Use Tax number) \_\_\_\_\_ - \_\_\_\_\_

You are required to contact the IL Department of revenue to obtain your Business Authorization Number if you are going to conduct business in the state of Illinois. You must provide the city with a copy of your Business Authorization Number and it must be displayed at the location of proposed use.

**Inspections:** Be advised; a safety inspection will take place at the proposed location prior to any permits being granted. Please provide a contact name and phone number below.

Contact for inspection: \_\_\_\_\_ at ( ) \_\_\_\_\_ - \_\_\_\_\_

Signature of business and Property owner must be notarized

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As BUSINESS OWNER for a business occupancy permit and / or business license, I certify that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City codes in any way and that I must comply with all codes, ordinances and regulations of the City of Centreville, Illinois.

\_\_\_\_\_ (Print name of business) has appeared before me personally and certified that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate.

Signature of business owner: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_.

Notary Public: \_\_\_\_\_ (Notary public stamp)

As PROPERTY OWNER of the property, I certify that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way and that I must comply with all codes, ordinance and regulations of the City of Centreville, Illinois.

\_\_\_\_\_ (Printed name of property owner) has appeared before me personally and certified that all of the above statements contained in any papers or plans submitted herewith are true and accurate.

Signature of property owner: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and Sworn to before this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_.

Notary Public: \_\_\_\_\_ (Notary Public Stamp)

**Facilities engaging in the business of food service must comply with the requirements of the East Side Health District. Inquiries should be made by calling the Environmental Health Division at 618-271-8722.**

**STAFF USE ONLY**

Aldermanic Board: Yae, Nae, Abstain, Present or Absent

\_\_\_ Alderman Jethro    \_\_\_ Alderman Rattler    \_\_\_ Alderman Smoot    \_\_\_ Alderman Lott

\_\_\_ Alderman Wynn    \_\_\_ Alderman McIntosh    \_\_\_ Alderman Lovett    \_\_\_ Alderman Reynolds

Code Enforcement:

(Electrical, Mechanical, Plumbing)

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Police Background:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor's Office:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason:

\_\_\_\_\_  
\_\_\_\_\_

Note: All applicants must be presented at the License Committee Meeting, for business to be approved.

Approved : \_\_\_\_\_

Denied: \_\_\_\_\_

Amount of Business License: \_\_\_\_\_