

# City of Belvidere • Illinois

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## GENERAL BUSINESS REGISTRATION LICENSE APPLICATION

DATE OF REGISTRATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS SITE/LOCATION: \_\_\_\_\_

NATURE OF BUSINESS AND TYPES  
OF SERVICES PROVIDED OR GOODS  
SOLD: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BUSINESS OWNERS' FULL NAME: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(including middle initial) \_\_\_\_\_ Birthday: \_\_\_\_\_

CORPORATE OR HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MANAGER: (if any) \_\_\_\_\_  
(Name/Address/Phone Number) \_\_\_\_\_  
\_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_  
(Name/Address/Phone Number) \_\_\_\_\_  
\_\_\_\_\_

By signing this form the following person(s) certify that he/she has verified with the City Community Development Department that the property is zoned properly for this business and that a building permit (if required) has been obtained.

\_\_\_\_\_  
(Signature of Applicant)