

City of Belvidere • Illinois

City Hall: 401 Whitney Blvd.
Belvidere, Illinois 61008-3710
(815) 544-2612 • Fax (815) 544-3060

BUSINESS APPLICATION / REGISTRATION

DATE OF REGISTRATION: _____

BUSINESS NAME: _____

ADDRESS OF BUSINESS: _____

BUSINESS TELEPHONE: _____

TYPE OF BUSINESS: _____

ILLINOIS SALES OR
OCCUPATION TAX NO: _____

OWNER'S FULL NAME:
(including middle initial) _____

OWNER'S BIRTHDATE: _____

RESIDENCE ADDRESS: _____

CITY / STATE / ZIP: _____

RESIDENCE TELEPHONE: _____

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

(Signature of Applicant)

I, the undersigned applicant, swear and affirm that: The matters stated in the foregoing application are true and correct; They are made upon my personal knowledge and information; They are made for the purpose of requesting the City of Belvidere to issue the license herein applied for; The applicant is qualified and eligible to obtain the license applied for; And the applicant will not violate the laws of the United States of America, the State of Illinois, or the City of Belvidere, in particular, the business license of the City of Belvidere, rules and regulations, and the civil rights sections thereof.

Further, I agree to notify the Belvidere City Clerk in writing within ten (10) days of changes in any of the above information.

(Signature of Applicant)

(Title/Position)

(Date)