

# City of Belvidere • Illinois

City Hall: 401 Whitney Blvd.  
Belvidere, Illinois 61008-3710  
(815) 544-2612 • Fax (815) 544-3060  
Email: [cityclerk@ci.belvidere.il.us](mailto:cityclerk@ci.belvidere.il.us)

## GENERAL BUSINESS REGISTRATION LICENSE APPLICATION

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

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

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

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

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

BUSINESS 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) \_\_\_\_\_  
\_\_\_\_\_

Check here  if you **do not** want your business to be included in the City of Belvidere Business Directory which will be available on the City of Belvidere's website.

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)