

\$25.00 Annual Fee

Year Business Started _____
New _____ Renewal _____

**CITY OF O'FALLON
APPLICATION FOR BUSINESS REGISTRATION**

1. BUSINESS NAME _____ TELEPHONE # _____

2. BUSINESS ADDRESS _____

3. MAILING ADDRESS _____
(if different) Address City State Zip Code

4. BUSINESS OWNER _____
Name Telephone

Address City State Zip Code

5. CORPORATE NAME/CONTACT: _____

_____ CORPORATE ADDRESS

_____ PHONE NUMBER

6. EMERGENCY CONTACT PERSONS (Name of person in the immediate area with keys and alarm codes that can respond if necessary, AFTER HOURS).

_____ Name Telephone

7. ILLINOIS DEPARTMENT OF REVENUE SALES TAX NUMBER _____

8. FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN) _____

9. IS THIS A HOME-BASED BUSINESS? YES NO IF YES, SUBMIT A COPY OF APPROVAL LETTER.

10. ANY FEDERAL, STATE OR COUNTY LICENSES OR CERTIFICATES HELD: _____

11. TYPE OF BUSINESS _____ 12. NUMBER OF EMPLOYEES – PART-TIME _____ FULL-TIME _____

12. TYPE AND LOCATION OF ANY TOXIC, FLAMMABLE, OR HAZARDOUS MATERIALS STORED AT LOCATION. _____

ATTACH EXTRA SHEET, IF NECESSARY

13. Applying for a City of O'Fallon food license? Yes No IF YES, ATTACH A COPY OF THE HEALTH CERTIFICATE ISSUED BY THE ST. CLAIR COUNTY HEALTH DEPARTMENT AND REMIT \$25.00 FOR A FOOD LICENSE

Applicant's Signature (FOR OFFICE USE ONLY) Date

ZONING CLASSIFICATION OF PROPERTY: _____

Date Approved for proposed use: _____ Commercial Occ. Required Date of Inspection: _____

Required Special Use Rezoning Spec. Home Occ Home Sales Office

Planning & Zoning Approval Date