

Annual Fee \$25.00

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 SALE TAX NUMBER (IBT) \_\_\_\_\_

8. FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN) \_\_\_\_\_

9. IS THIS A HOME-BASED BUSINESS? YES  NO

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

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

13. TYPE AND LOCATION OF ANY TOXIC, FLAMMABLE, OR HAZARDOUS MATERIALS STORED AT LOCATION.  
\_\_\_\_\_

ATTACH EXTRA SHEET, IF NECESSARY

14. 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 Date

(FOR OFFICE USE ONLY)

ZONING CLASSIFICATION OF PROPERTY:

Date Approved for purpose use: \_\_\_\_\_  Commercial Occ. Required Date of Inspection: \_\_\_\_\_

Required  Special Use  Rezoning  Spec. Home Occ.  Home Sales Office

Planning & Zoning Approval \_\_\_\_\_ Date \_\_\_\_\_