

\$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 _____ Date _____
(FOR OFFICE USE ONLY)

ZONING CLASSIFICATION OF PROPERTY:	
Date Approved for proposed use: _____	<input type="checkbox"/> Commercial Occ. Required Date of Inspection: _____
<input type="checkbox"/> Required <input type="checkbox"/> Special Use <input type="checkbox"/> Rezoning <input type="checkbox"/> Spec. Home Occ <input type="checkbox"/> Home Sales Office	
Planning & Zoning Approval	Date

O'FALLON POLICE DEPARTMENT
BUSINESS INFORMATION

Date _____

Business Name _____
Address _____

Phone _____

Type of Business _____

Owner Name _____
Address _____

Phone _____

Emergency Contacts (please list in calling order, name, address, and phone)

1. _____

2. _____

3. _____

Does business have a commercial burglar/fire alarm?	Yes	No
Alarm Company	_____	
Address	_____	
Phone Number	_____	

Does the business have a safe?	Yes	No
Location	_____	

Additional Information: _____

Please notify the O'Fallon Police Department if any of the information changes.

By mail: 118 E. Washington
By phone: 624-4545
By fax: 632-6370
