

VILLAGE OF PONTOON BEACH, ILLINOIS

#1 Regency Parkway
Pontoon Beach, Illinois 62040

Phone: (618) 931-6100
Fax: (618) 797-4164

BUSINESS LICENSE APPLICATION

Application for a license is hereby made for the purposes of conducting, operating and/or maintaining a business under the provisions of Ordinance No. 619, Chapter 7 of the Village of Pontoon Beach, Illinois. In compliance with said Ordinance, the following information is submitted:

New Application Annual Renewal

Type of Business: Corporation Limited Liability Company Partnership
 Sole Proprietorship Other: _____

Full Name of Business: _____

State of Incorporation/Organization: _____ Date of Incorporation/Organization: _____

Full Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____

Mailing address (if different from Full Address): _____

City: _____ State: _____ Zip Code: _____

Name of President/Manager: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____

Date of Birth: _____ Driver's License Number: _____ Expiration Date: _____

List of Other Officers/Manager/Member/Partner and Mailing Addresses:

Name	Home Address	Date of Birth	Driver's License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licensed to do business in Illinois Yes No Registration Number: _____

Address Location in Pontoon Beach and Name of Local Contact Person: _____

Fictitious or D/B/A Name (if other than full business name): _____

Type of Business to be Conducted: _____

Product or Items to be Sold: _____

Federal Employer Identification Number: _____

PLEASE COMPLETE PAGE TWO

Certification of Registration required under the Retailers Occupation Tax Act, Service Occupation Tax Act and/or Use Tax Act registration number in Illinois: _____

Is this a home based business? Yes No (See Section 40-3-2 of the Zoning Code)

Parcel ID Number: _____ Zoned as: _____

Have any of the individuals previously listed been convicted of a felony? Yes No

If so, please provide name of individual, date and disposition:

Emergency Contact Name and Phone Number: _____

I understand the issuance of this business license is conditional upon compliance with all Village Ordinances and the results of any required inspections of the above premises at this time or any subsequent inspections while this license is in force.

Dated: _____ Signature: _____

PERSONAL CHECKS ARE NOT ACCEPTED

Business License's will not be issued until approved by the Building Inspector and Zoning Administrator.

This application will be approved and filed with the Village Clerk after payment in full of filing fees.

FOR OFFICE USE ONLY

Occupancy Permit Fee: \$60.00 Permit No.: _____ Paid by: _____ Check _____ Cash

Business License Fee: \$ _____ Paid by: _____ Check _____ Cash

Village Building Inspector: _____ Date: _____

Village Zoning Administrator: _____ Date: _____

STIPULATIONS:

Approved this _____ day of _____, _____.

PRESIDENT

ATTEST:

VILLAGE CLERK

Seal