

**Village of
Fairmont City
Department of Police**
2601 North 41st Street Fairmont City, IL, 62201-2537
Telephone: (618)274-4504
Fax: (618) 274-4010

Police Chief Scott Penny

Village President Alex J. Bregen

All applicants, owners, partners, officers, etc., must attach a legible copy of a
State-issued photo I.D. with this application to allow for positive identification

APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME:

BUSINESS ADDRESS: (include City, State, and ZIP Code)

BUSINESS TELEPHONE: (include Area Code)

NUMBER OF PARTNERS:

BUSINESS START UP DATE:

DESIGNATE PRIMARY CONTACT PERSON: (Name and Address)

TELEPHONE:

CELL PHONE:

TYPE OF BUSINESS: (Grocery, Hardware, etc)

TYPE OF ORGANIZATION OR OWNERSHIP (select below)

Individual or Sole Proprietor

Corporation

Partnership

Other (explain)

Will you have any employees? **yes** **no**

How many?

Illinois Sales Tax Number:

Federal Employers I.D. Number:

IL Dept of Employment Security Account Number:

LLC and CORPORATIONS provide the following

Illinois Sec of State

Corporation Number: _____

Date and State of

Incorporation: _____

ALL APPLICANTS PROVIDE THE FOLLOWING

Full legal name of owner, partners, officers, etc:

Last Name:	First Name:	Middle:	Date of Birth:	Title:	Home Address:
------------	-------------	---------	----------------	--------	---------------

Last Name:	First Name:	Middle:	Date of Birth:	Title:	Home Address:
------------	-------------	---------	----------------	--------	---------------

Last Name:	First Name:	Middle:	Date of Birth:	Title:	Home Address:
------------	-------------	---------	----------------	--------	---------------

Last Name:	First Name:	Middle:	Date of Birth:	Title:	Home Address:
------------	-------------	---------	----------------	--------	---------------

Last Name:	First Name:	Middle:	Date of Birth:	Title:	Home Address:
------------	-------------	---------	----------------	--------	---------------

Have you or any member of the business you are now registering been engaged in business in Illinois before:
(If yes, list all previous business names, dates, and locations on separate sheet)

Did you purchase any assets from the former owner of the business?				
Land	Building	Equipment	Inventory	Other
Do you rent, lease, or own the property at your business location?		Village Clerk: I certify that all fees have been paid on property of business and officers:		
		_____ Signed		_____ Date
Have you complied with the requirements of the "Assumed Name Act?"				
Date filed:		Date published:		
LIST WHO SHOULD BE NOTIFIED IF AN AFTER-HOURS EMERGENCY OCCURS AT PREMISES				
Name:	Telephone:	Cell Phone:	Address:	
Name:	Telephone:	Cell Phone:	Address:	
Name:	Telephone:	Cell Phone:	Address:	
Name:	Telephone:	Cell Phone:	Address:	
Describe type of business you propose, anticipated sales, manner of operation, any foreseeable disruptions to surrounding properties, and any hazardous materials inherent to this type of activity: (use additional sheet if needed)				
<p>I, (We) hereby make application to the Village of Fairmont city, Illinois, for licensing to conduct the above listed business.</p> <p>I understand that the issuance of this business shall be subject to the provisions of local Ordinances of Fairmont City, the building Code, regulations of the Village Board and Statutes of the State of Illinois.</p> <p>This application will be reviewed and an appropriate investigation for licensing purposes will be conducted.</p>				
Applicant Signature:		Date:		
Applicant Signature:		Date:		
Applicant Signature:		Date:		
Applicant Signature:		Date:		
<p>As signed and sworn before me on the _____ of _____, 20_____.</p> <p>Notary Seal:</p> <p style="text-align: right;">Signature: _____</p>				