



# APPLICATION TO CONDUCT A HOME OCCUPATION

Please complete the application and return, along with your payment of \$40.00 to the City Clerk/Collector's Office. Please, answer all questions and type or print clearly.

1. Name of Applicant: \_\_\_\_\_

2. Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

3. Name of Business: \_\_\_\_\_

4. Type of Business: \_\_\_\_\_

5. Illinois Occupation Tax No. (Sales Tax No. Or Employee identification No.):  
\_\_\_\_\_

6. Number of Employees (inclusive of Owner): \_\_\_\_\_ Floor Area (ft.): \_\_\_\_\_

7. Do you expect package deliveries?: \_\_\_\_\_ Frequency?: \_\_\_\_\_

8. Individual Owner: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_  
(If a partnership, give the name and residence of each; if a corporation, give name, official title, and residence address of each of the principle officers.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I cannot operate a business, as designated herein, until approval has been granted by issuance of a Home occupation Permit/License. I further agree to allow authorized inspections as prescribed by Law or Ordinance. I, also, understand that all information supplied on this application may be subject to the Freedom of Information Act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

LICENSE NUMBER: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_