



New \_\_\_\_\_  
Renewal \_\_\_\_\_  
License Year \_\_\_\_\_

## Application to Conduct a Home Occupation

Please complete the application and return along with your payment of \$100.00 to the Office of the City Clerk/Collector's Office. Please complete the application and type or print clearly.

Name of Applicant: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business \_\_\_\_\_

Email: \_\_\_\_\_

Illinois Retailer's Occupation Tax (Sale Tax No. Or Social Security Number)

\_\_\_\_\_

Number of Employees (Inclusive of Owners): \_\_\_\_\_ Floor Area (ft.): \_\_\_\_\_

Do you expect package deliveries: \_\_\_\_\_ Frequency: \_\_\_\_\_

Individual Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ (Please check one)

For a partnership please provide the name and residence address of each. For a corporation please provide the name, official title and residence address of each principal officer.

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

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

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Please attach the following:

- State of Illinois Business License
- Certificate of Insurance
- Illinois Business Report (Certificate in good standing)
- Photo copy of the business owner's I.D.