Fee: $25.00

City of Byron
232 W. 2nd St., PO Box 916
Byron IL 61010-0916
815-234-2762
www.cityofbyron.com

BUSINESS LICENSE APPLICATION

Business and Owner Information:

Business Name: _____Phone: _____

Owner(s) Name(s): _____

Business Address: _____City/Zip_____

Mailing Address: _____City/Zip_____

Business is Operated as: Corporation _____ Partnership _____ Sole_____ Other_____

Home Based Business? Yes _____ No _____

Manager's Name (if applicable): _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Business Information:

Type of Business (i.e. construction, real estate, etc.) _____

Give full description of business activity taking place on property: _____

_____

Application date: _____

Business Start Date in Byron: _____

Certification:

I hereby certify that I have provided complete and accurate information above. I acknowledge that failure to comply with the home occupation requirements may result in revocation of my City of Byron Business License and/or enforcement action under the Zoning Ordinance.

Applicant Signature: _____Date: _____