City of Staunton
304 W. Main
Staunton, IL 62088

Phone (618) 635-2233
Fax (618) 635-3644

BUSINESS LICENSE APPLICATION

LICENSE FEE - $25.00
BACKGROUND CHECK FEE - $50.00

License shall commence _____, 20_____

Business:

_____ Business Title

_____ Location Address of Business or Occupation

_____ Primary Type of Business

_____ Retailer's Occupation Tax Number (if applicable)

_____ Zoning District

Applicant:

_____ Last, First, Middle

_____ Residence Street Address

_____ City State Zip

_____ Home Phone # _____ Business Phone #

_____ Date of Birth _____ Driver's License #

_____ Social Security # _____ FEIN # (if applicable)

Co-Applicant:

_____ Last, First, Middle

_____ Residence Street Address

_____ City State Zip

_____ Home Phone # _____ Business Phone #

_____ Date of Birth _____ Driver's License #

_____ Social Security # _____ FEIN # (if applicable)

_____ Applicant's Signature

Application submitted on _____/_____/_____ Date

_____ Co-Applicant's Signature

Required Attachments: Copy of Photo I.D. OR Certificate of Good Standing from IL Secretary of State
Note: Applicants may have to meet additional requirements as listed in the "Revised Code of Ordinances for the City of Staunton".

Previous Business Information Required for **New Business License Applicants only.**

1.) Have you previously operated any business? Yes _____ no _____

2.) If, so, please indicate the address of the business? _____

3.) Did you own the property where the business was operated? Yes _____ no _____

4.) If you rented or leased the property, please complete the following information.

Owner of Property:

_____ _____
Last Name, First Middle Residence Street Address City, State, Zip

(____)_____ (____)_____
Business Phone Residence Phone