City of Staunton
304 W. Main
Staunton, IL 62088

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

TRASH LICENSE APPLICATION

ANNUAL FEE - $50.00

License shall commence _____, 20_____ and shall expire December 31, 20_____.

Business:

_____ _____
Business Title | Location Address of Business or Occupation

_____ _____
Primary Type of Business | Retailer's Occupation Tax Number (if applicable)

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