



**CITY OF CAHOKIA HEIGHTS**

**CURTIS L. MCCALL SR., MAYOR**

103 MAIN STREET

CAHOKIA HEIGHTS, ILLINOIS 62206

Office: (618) 337-9510

Fax: (618) 337-9529

**Richard Duncan, Clerk**

**BUSINESS LICENSE APPLICATION**

**TYPE OF BUSINESS:** \_\_\_\_\_

**ANTICIPATED OPEN DATE:** \_\_\_\_\_

**APPLYING FOR A NEW BUSINESS** \_\_\_\_\_ **RENEWAL A BUSINESS LICENSE** \_\_\_\_\_

**APPLICATION FEE:** \_\_\_\_\_ **APPLICATION FEE TO BE PAID UPON APPROVAL**

**STATE TAX IDENTIFICATION NUMBER:** \_\_\_\_\_

BUSINESS NAME:		
BUSINESS ADDRESS:		
CITY:	STATE:	ZIP CODE:
BUSINESS OWNER:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
E-MAIL ADDRESS:		
PHONE NUMBER:		

GIVE A BRIEF DESCRIPTION OF YOUR BUSINESS.

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**IS THIS BUSINESS OWNED BY AN INDIVIDUAL PLEASE COMPLETE THIS SECTION:**

OWNER'S NAME:		
OWNER'S ADDRESS:		
CITY:	STATE:	ZIP CODE:
BIRTHDATE:	SOCIAL SECURITY NUMBER:	
E-MAIL ADDRESS:		
PHONE NUMBER:		

**IF MORE THAN ONE OWNER PLEASE LIST THE FOLLOWING:**

OWNER'S NAME:		
OWNER'S ADDRESS:		
CITY:	STATE:	ZIP CODE:
BIRTHDATE:	PHONE NUMBER:	
EMAIL ADDRESS:		

**IF THIS BUSINESS OWNED BY A CORPORATION, PLEASE COMPLETE THIS SECTION:**

NAME OF CORPORATION:		
NAME OF CONTACT PERSON:		
ADDRESS:		
CITY	STATE:	ZIP CODE:
EMAIL ADDRESS:		
PHONE NUMBER:		

IL DEPARTMENT OF REVENUE SALES TAX # (IBT): \_\_\_\_\_

FEDERAL EMPLOYMENT IDENTIFICATION # (FEIN): \_\_\_\_\_

PLEASE LIST AND ATTACH A COPY OF ANY FEDERAL, STATE, OR COUNTY LICENSE / CERTIFICATES: \_\_\_\_\_

NUMBER OF EMPLOYEES: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

HAS APPLICANT EVER HAD A BUSINESS LICENSE IN THIS MUNICIPALITY?

YES \_\_\_ NO \_\_\_, IF YES EXPLAIN \_\_\_\_\_

HAS A LICENSE ISSUED TO THIS APPLICANT EVER BEEN REVOKED?

YES \_\_\_ NO \_\_\_, IF YES EXPLAIN \_\_\_\_\_

HAS APPLICANT EVER BEEN CONVICTED OF CITY CODE VIOLATION OR FELONY CHARGES? YES \_\_\_ NO \_\_\_, IF YES EXPLAIN \_\_\_\_\_

DOES YOUR BUSINESS REQUIRE A CITY OF CAHOKIA HEIGHTS RESTAURANT LICENSE YES \_\_\_ NO \_\_\_  
IF YES, PLEASE ATTACH A COPY OF EAST SIDE HEALTH DISTRICT CERTIFICATE

DO YOUR BUSINESS HAVE ANY GAMING MACHINES YES \_\_\_ NO \_\_\_ IF YES PLEASE REQUEST A VIDEO GAMING APPLICATION

DO YOUR BUSINESS HAVE ANY VENDING MACHINES YES \_\_\_ NO \_\_\_ IF YES, PLEASE REQUEST A VENDING MACHINE APPLICATION

**PLEASE LIST DAYS AND HOURS OF OPERATIONS:**

DAYS	OPEN	CLOSE
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

BY SIGNING BELOW I HEREBY CERTIFY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WILL COMPLY WITH THE CITY OF CAHOKIA HEIGHTS ORDINANCE CONCERNING THE OPERATION OF A BUSINESS IN CAHOKIA HEIGHTS. I UNDERSTAND THAT ANY CHANGES IN ADDRESS, NATURE OF BUSINESS OR DISCONTINUATION OF BUSINESS MUST BE REPORTED TO THE CITY, FURTHER I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION ON THIS APPLICATION MAY RESULT IN THE REVOCATOCATION OF THE BUSINESS LICENSE BY AUTHORITY OF THE MAYOR OR CITY CLERK.

Owners Signature:

PRINT NAME & TITLE:

PHONE NUMBER:

EMAIL:

## OFFICE USE ONLY:

LICENSE CLASIFICATIONS (INCLUDE ALL REQUIRED):

LICENSE FEE (INCLUDE ALL):

LOCATION APPROVED BY ZONING COMMITTEE:

BUSINESS LICENSE APPROVED OR DENIED:

COMMENTS:

