ANNUAL APPLICATION FOR BUSINESS PERMIT LICENSE F/Y 2025

DATE:	FEE PAID:	
PLEASE TYPE OR PRIN BUSINESS ADDRESS (INCLUDIN	T IG SUITE #):	
BUSINESS NAME:		
PREVIOUS BUSINESS NAME (IF	- KNOWN):	
PREVIOUS ADDRESS (IF LOCAT	ION CHANGED):	
OWNER/LOCAL MANAGER NA	ME:	
BUSINESS TELEPHONE NUMBE	R:	
TYPE OF BUSINESS:		
	NEW OWNERSHIP LOCATION CH	
	EMERGENCY CONTACT INFORMATIC	
	STATE:	
<u>BUILDING:</u> OWNER OR AGENT NAME:		
HOME ADDRESS:		
CITY:	STATE:	ZIP:
INSURANCE INFORMATION PROVIDER: AGENT:		
POLICY #:		
ADDRESS:		
CITY:	STATE:	ZIP:

IS THERE A KNOXBOX? Y ___ N ___ ANY ANIMALS ON THE PROPERTY? Y ___ N ___

SECURITY ALARM? Y ____ N ____

REQUIRED PAPERWORK SHALL INCLUDE:

- INTERIOR SITE PLAN (INCLUDING SQUARE FOOTAGE OF AREA)
- EXTERIOR SITE PLAN SHOWING PARKING AND LANDSCAPING
- BUSINESS NARRATIVE THAT SHALL INCLUDE THE HOURS OF OPERATION, NUMBER OF EMPLOYEES, AND A DETAILED DESCRIPTION OF OPERATIONS
- ANY PROPOSED SIGNAGE MUST OBTAIN A SIGN PERMIT AND POTENTIAL BUILDING PERMIT

FEE: \$50 PAYABLE TO THE CITY OF SOUTH BELOIT

*OCCUPANCY PRIOR TO APPROVAL OF THIS LICENSE IS SUBJECT TO A PENALTY OF \$100 PLUS \$50 FEE **PLEASE RETURN COMPLETED APPLICATION WITH FEE AND REQUIRED PAPERWORK TO:

> CITY OF SOUTH BELOIT ATTN: CITY CLERK 519 BLACKHAWK BLVD SOUTH BELOIT, IL 61080

I agree to allow inspectors access to this property affected by this business permit to verify compliance with the applicable State of Illinois and City of South Beloit Codes upon reasonable notice.

SIGNATURE OF OWNER: _____

SIGNATURE OF TENANT: _____

FOR OFFICE USE ONLY

ANNUAL INSPECTION:	
FIRE INSPECTION COMPLETED ON:	_ BY:
UPON TRANSFER OF PROPERTY OR BUSINESS:	
BLDG INSPECTION COMPLETED ON:	BY:
CODE INSPECTION COMPLETED ON:	BY: