

**ANNUAL APPLICATION FOR BUSINESS PERMIT LICENSE F/Y 2020**

DATE: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

**PLEASE TYPE OR PRINT**

BUSINESS ADDRESS (INCLUDING SUITE #): \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

PREVIOUS BUSINESS NAME (IF KNOWN): \_\_\_\_\_

PREVIOUS ADDRESS (IF LOCATION CHANGED): \_\_\_\_\_

OWNER/LOCAL MANAGER NAME: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

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

**NEW BUSINESS** \_\_\_ **NEW OWNERSHIP** \_\_\_ **LOCATION CHANGE** \_\_\_

**EMERGENCY CONTACT INFORMATION**

**BUSINESS:**

LOCAL MANAGER/CONTACT NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

**BUILDING:**

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:** \_\_\_\_\_

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**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: \_\_\_\_\_