



City of  
**BRAIDWOOD**

141 West Main Street, Braidwood, IL 60408 • PHONE (815) 458-2333 • FAX (815) 458-6074 • www.braidwood.us

**OFFICE USE ONLY:**

Customer #: \_\_\_\_\_

License #: \_\_\_\_\_

**2025 APPLICATION FOR BUSINESS LICENSE**

**\$50**

Check one: Renewal: \_\_\_\_\_ New: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: Any misrepresentations or falsification of the information sought below will result in revocation of the certificate as granted.

- Copy of Valid Government Issued Photo ID
- Copy of current Proof of Insurance coverage showing the policy period.
- Copy of current Passed Fire Inspection Report (Fire Department will give to City Hall when inspected)

Name of Business: \_\_\_\_\_ LLC  Sole  Partnership  Corp

DBA: \_\_\_\_\_ Phone: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Illinois Retailers Tax Number: \_\_\_\_\_

Business products and services: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Do you have hazardous/flammable material on site? If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

Owner Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Food Service Establishment: Yes  No

Food Sanitation Certification#: \_\_\_\_\_

Name of Person Certified: \_\_\_\_\_

Liquor License (Type): \_\_\_\_\_

It is understood that no business may be commenced unless and until approval has been granted. I agree to comply with all state statutes, city ordinances and regulations relating to the above business.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Owner/Manager