

OFFICE USE ONLY:



**City of
BRAIDWOOD**

Customer #: _____

License #: _____

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

2024 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: _____ Partnership Corp

DBA: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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