

Village of Valmeyer 260 Knobloch Blvd. Valmeyer, IL 62295 **Phone:** (618) 935-2131 **Fax:** (618) 935-2299

**Email:** villagehall@valmeyerillinois.com

Website: www.valmeyerillinois.com

## **BUSINESS LICENSE APPLICATION**

1.	Applicant	Phone			
2.	Address				
3.	Email Address				
4.	Driver's License #				
5.	Length of Residence at Above Address Years	Months			
6.	Applicant's Date of Birth				
7.	Social Security Number				
8.	Marital Status Name of Spouse				
9.	Citizenship of Applicant				
	*For Multiple Business Owners, Please Complete Items 1-8 for	Each Applicant.			
10.Business Name					
11.Business Address (if different from above)					

.2.Nature of	Business to be Transacted By Applicant(s) at this Address per this Application
.3.All Resider	nces and Addresses for the Last Three (3) Years if Different Than Above
	ed Outside of the Business Which is Subject to this Application, Please List the
	st Three (3) Municipalities Where Applicant(s) Has Carried on Business ely Preceding the Date of This Application
L6.Has the Aբ	oplicant Ever Had a Business License in this Municipality? YES NO
.7.Has a Busi	ness License Issued to This Applicant Ever Been Revoked? YES NO
If YES, PI	ease Explain

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	Has the Applicant Ever Been Convicted of a Violation of Any of the Provisions of the Village Business Code? YES NO If YES, Please Explain:
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- 0.F	Has the Applicant Ever Been Convicted of a Felony? YES NO
i	f YES, Please Explain:
- 1 F	ederal Employee Identification # (Business)
	itate Sales Tax #
	How Many Customer and Business Vehicles Will be Parked at Your Business Location Any One Time?

25.Are Any Chemicals or Hazardous S	Substances Stored at this Business Location?		
YES NO If YES, P	YES NO If YES, Please Explain:		
Ponowal of this License is Dequired Approach by May 1st			
Renewal of this License is Required Annually by May 1 <sup>st</sup> .  For Safety Precautions Some of the Requested Information Will Be Conveyed.			
Date Completed			
Applicant Name	Applicant Signature		
Date Completed			
FOR OFFICE USE ONL	Y – DO NOT WRITE BELOW THIS LINE		
Application Number	Annual License Fee \$		
Term of License	To:		
Date Application Submitted	Inspection NecessaryYES NO		
Approval Granted Date	Approval Denied Date		
Health Department Approval Necessary	y YES NO		
Health Department Certification Provid	led		
ate Village Manager – Village of Valmeyer			