

CITY OF LOVES PARK
ROBERT J. BURDEN, CITY CLERK
100 HEART BOULEVARD
LOVES PARK IL 61111

HOME BUSINESS REGISTRATION APPLICATION

NO FEE

NAME OF BUSINESS _____

ADDRESS _____ PHONE NO. _____

BUSINESS OWNER _____ PHONE NO. _____

BUSINESS OPENING DATE (APPROX) _____

NAME OF PROPERTY OWNER _____ PHONE NO. _____

MUNICIPAL RETAILERS OCCUPATION TAX NO. (SALES TAX NO) (IF APPLICABLE)

_____ - _____

DESCRIBE NATURE OF BUSINESS OR LAND USE ACTIVITY _____

D.C.F.S. LICENSE NUMBER (FOR HOME DAY CARE CENTERS ONLY) _____

NUMBER OF UNRELATED CHILDREN (FOR HOME DAY CARE CENTERS ONLY) _____

I hereby declare that the above and attached information is correct, and agree, in consideration of and approval of my registration, that such premises and its existing and proposed building and structures shall be used or allowed to be used for only such purposes as are set forth above, and that all uses shall comply with the Home Occupation Codes.

All applications are approved by the Zoning Department and Fire Department (Day Care Centers only), but you may operate your business prior to approval from these departments. If further information is needed, you will be contacted by the individual department. If business requires a Sales Tax Number, no license will be issued without copies of the Sales Tax Number.

Signature of Applicant

Date

PERMIT APPROVAL

(FOR OFFICE USE ONLY)

1. Date referred to Zoning Department_____

2. Zoning Office: Approve – Reject Date_____

3. Date referred to Fire Department (Day Care Centers only)_____

4. Fire Dept: Approve – Reject Date_____

Permit may be rejected for failure to pass inspection in a timely manner.

Comments:_____

DATE APPROVED_____

CITY CLERK