

## ROBERT J. BURDEN, CITY CLERK 100 HEART BOULEVARD LOVES PARK IL 61111 815-654-5034 HOME BUSINESS REGISTRATION APPLICATION

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	

## 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.

## PERMIT APPROVAL

## (FOR OFFICE USE ONLY)

1. Date referred to Zoning Department\_\_\_\_\_

2. Zoning Office: Approve – Reject	Date
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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