



100 E 9th Ave / PO Box 170  
 Colona IL 61241  
 309-792-0571  
 Fax 309-792-0586

Fed Tax ID #: \_\_\_\_\_  
 Retail Tax #: \_\_\_\_\_  
 Days of Operation: \_\_\_\_\_  
 Hours of Operation: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

**BUSINESS LICENSE**

|  |  |
|--|--|
| Business Name:   |  |
| Owner(s) Name:   |  |
| Physical Address:  |  |
| Mailing Address:   |  |
| Phone Number:  | Cell Number:   |
| Fax Number:  | Email Address:   |
| Emergency Contact:   | Contact number:  |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation                             |  |
| Zoning:  | Inspection(s) required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Licensed by state: Yes <input type="checkbox"/> No <input type="checkbox"/> Copy of State license or application attached <input type="checkbox"/> |  |
| Anticipated start date:  | Number of FT employees:      PT:   |
| Website Address:   |  |
| List in business directory Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |

Time period applied for: From \_\_\_\_\_ to January 31, 20\_\_\_\_\_  
 Fee is \$50.00 for the first year. No renewal fee if renewed by January 31 of each following year. This is a renewal application Yes  No

|  |   |   |
|--|---|---|
| Office use only: Paid <input type="checkbox"/> | Council Approved <input type="checkbox"/> | Date Approved _____                     |
| Zoning Officer Approved _____                  | Date Approved _____                       | License issued <input type="checkbox"/> |