



VILLAGE OF STEELEVILLE
APPLICATION FOR GENERAL BUSINESS LICENSE

INFORMATION CONTAINED HEREIN IS CONFIDENTIAL

New Application Renewal New Owner Change of Address or Ownership

BUSINESS INFORMATION

Business Name(DBA) _____ Business Phone _____

Business Address _____

Mailing Address (if different from above) _____

E-Mail _____ Fax _____

Business Category Service Retail Manufacturing Other

Business Owner Name/Manager or Agent _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Property Owner Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

I hereby certify that all of the information contained in this application for a Business License is true and correct. Further, that any false information provided for in this application shall be grounds for revocation of the License as well as any other penalties provided for by law.

In addition, the undersigned herewith makes application for license to conduct such business is hereafter designated in the Village of Steeleville in accordance with Police Regulations and Ordinances of the Village now effective and any subsequent additions during the duration of the License.

Applicant Signature

Date



**VILLAGE OF STEELEVILLE
POLICE DEPARTMENT**

BUSINESS EMERGENCY CONTACT INFORMATION

(ALL INFORMATION IS CONFIDENTIAL)
FOR EMERGENCY USE ONLY

PLEASE PRINT

Name of Business _____ Type of Business _____

Address _____ Suite # _____

Business Phone No. _____ Business Fax No. _____

E-Mail _____

Name of Property Owner _____

Home Address _____ City _____ State _____ Zip _____

Home Phone No. _____ Cell Phone No. _____

Name of Business Owner _____

Home Address _____ City _____ State _____ Zip _____

Home Phone No. _____ Cell Phone No. _____

Please list the names in order that you wish to be contacted in the event of an after hour emergency:

NAME	ADDRESS	HOME PHONE	CELL PHONE

Business Hours:

Monday _____ to _____

Friday _____ to _____

Tuesday _____ to _____

Saturday _____ to _____

Wednesday _____ to _____

Sunday _____ to _____

Thursday _____ to _____

Name of Alarm Company _____

Additional Information (guard dogs, weapons, fire alarm system, safe on premises, etc.)

