



BUSINESS REGISTRATION APPLICATION

BUSINESS INFORMATION: *Please print*

Name of Business: _____

Business Address: _____ Telephone: _____

Illinois Business Tax (IBT) #: _____ Federal Employer Identification (FEIN) #: _____

Hours: _____ Number of employees: P/T: _____ F/T: _____

Description of Business: _____

Website Address: _____ Anticipated Opening Date: _____

Is this a home-based business? No Yes. If yes, please check all appropriate boxes

<input type="checkbox"/> Dressmaking, sewing, and tailoring	<input type="checkbox"/> Laundry, ironing service, housecleaning
<input type="checkbox"/> Mail orders, not including retail sales from the site	<input type="checkbox"/> Tutoring, limited to one student at a time
<input type="checkbox"/> Direct sale product distribution	<input type="checkbox"/> Babysitting and child care
<input type="checkbox"/> Artistic painting, sculpturing, art restoration, art studio or writing Home cooking or preserving if conducted solely within the residence.	<input type="checkbox"/> Stock and bond broker, financial planner, and estate planner.
<input type="checkbox"/> Home crafts, such as model making, rug weaving, and lapidary work	<input type="checkbox"/> Builder's or contractor's office so long as no part of the business is carried on outside of the residence
<input type="checkbox"/> Home cooking or preserving if conducted solely within the residence (<i>pending approval by Madison County Health Dept.</i>)	<input type="checkbox"/> Computer programming if no part of the business equipment is installed outside of the residence other than telephone cables or wires
<input type="checkbox"/> Telephone answering or telephone soliciting if no part of the business equipment is installed outside of the residence other than telephone cables or wires	<input type="checkbox"/> Secretarial, accounting, typing, or word processing services if no part of the business equipment is installed outside of the residence other than telephone cables or wires
<input type="checkbox"/> Other: <i>Please explain</i>	

Primary Contact

Co-Owner, Manager, etc.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Title: _____

Will this business:

Serve food? No Yes. If yes, attach copy of the Madison Co. Health Dept. Certificate.

Deliver food? No Yes. If yes, how many delivery vehicles will be used? _____

Serve alcohol? No Yes. If yes, has a liquor application been filed in the Building and Zoning Department?

Have arcade games, jukeboxes or other amusements? No Yes. If yes, how many? _____

Require any Federal, State or County licenses or certificates? No Yes. If yes, please list: _____

Require outdoor storage? No Yes. If yes, is an outbuilding provided? No Yes. Is the outdoor storage privacy screened? No Yes

Have daily delivery/shipping? No Yes; Weekly delivery/shipping? No Yes

BUILDING/SITE INFORMATION:

Owner's Name: _____ Telephone: _____

Address: _____

How many restrooms are available for use? _____ How many are handicapped accessible? _____

Is this building/unit going to be used as a restaurant? No Yes. If yes, attach a sketch of the seating layout. Is there outside seating? No Yes. Is there a full-service kitchen in the building? No Yes. If yes, is there a grease separator? No Yes. Has it been inspected? No Yes. Is there a fire suppression system? No Yes. System inspection is required. Name and phone number of company performing inspection and testing _____ . Illinois license # _____

Does the building/unit have a storage area larger than 100 sq. ft.? No Yes

Is a trash dumpster available for use? No Yes. Is it enclosed? No Yes

Number of parking spaces available for use _____ Number of handicapped parking spaces for use _____.

Has this building been inspected for occupancy? No Yes. Inspection # _____

Will there be any modifications or remodeling to the building/unit to accommodate this business? No Yes

If yes, what? Electrical Plumbing Drywall Addition Any exterior work

Any other modifications/remodeling: _____

Will this work require a building permit? No Yes. Permit # _____

Will there be a sign for your business? No Yes. Sign permit # _____

Does the building tenant pay for their water usage? No Yes. Deposit receipt # _____

Are there living quarters in the building? No Yes. If yes, where in the building are they located?

Are flammable materials stored on the premises? No Yes. If yes, list type, quantity and where stored.

Does building have a commercial burglar/fire alarm? No Yes.

Alarm type: (circle all that apply) Silent Burglary Robbery Fire Local Regular Automatic Dialer

Name and phone of alarm company: _____

Emergency contacts: *People to be contacted after hours for emergency purposes*

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

The acceptance of this application for a home occupation by the City of Troy does not warrant or guarantee that it will conform to any restrictions which may be described in a homeowner's deed or subdivision covenant that would prohibit the operation of a business.

By signing below, I represent that the information on this application is true and complete to the best of my knowledge and belief and that I will comply with the applicable ordinances concerning the operation of a business in Troy. I also understand that any false information provided in this application may be utilized to revoke my business registration.

Dated this _____ day of _____, 20_____

Signature of Primary Contact

Signature of Co-owner, Manager, etc.

Comments: *(Office use only)*

FOR OFFICE USE:			
Current Zoning_____	Previous use_____	Proposed use_____	
<u>Date</u>	<u>Permit #</u>	<u>Approved by</u>	<u>Fees</u>
Registration: _____	_____	_____	(\$50 fee)
Inspection: _____	_____	_____	(\$25 fee)
Building Permit _____	_____	_____	(Based on scope of work)
Sign Permit: _____	_____	_____	(\$100 fee)
<u>Attachments:</u>			
<input type="checkbox"/> Madison County Public Health Certificate		<input type="checkbox"/> Amusement License	
<input type="checkbox"/> Seating Sketch		<input type="checkbox"/> Delivery License	
<input type="checkbox"/> Grease Separator Service Documentation		<input type="checkbox"/> Liquor License	