



VILLAGE OF BEECHER

625 Dixie Hwy/P.O. Box 1154
Beecher, Illinois 60401
(708) 946-2261
Fax: (708) 946-3764
villageofbeecher.org

Est ♦ 1870

BUSINESS OCCUPANCY PERMIT APPLICATION/RENEWAL

Office Use Only: Licensed by Village Licensed by State

TYPE OF OWNERSHIP: CORPORATION LLC PARTNERSHIP SOLE PROPRIETORSHIP

BUSINESS INFORMATION

BUSINESS NAME: _____ BUSINESS PHONE: _____
DBA: _____
BUSINESS STREET ADDRESS: _____
EMAIL ADDRESS: _____ FAX: _____
FEDERAL TAX ID # (FEIN): _____ IL SALES TAX ID #: _____
DESCRIPTION OF BUSINESS ACTIVITIES: _____
MAILING ADDRESS FOR LICENSE RENEWALS: _____

BUSINESS OWNER'S NAME: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PERSONAL PHONE #: _____ E-MAIL ADDRESS: _____

BUILDING OWNER'S INFORMATION

BUILDING OWNER'S NAME: _____
OWNER'S ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any facts, as stated or implied, given in my application, interview(s), or other forms will be sufficient reason not to approve my application.

Applicant's Signature: _____ Date: _____

RETURN FORMS TO VILLAGE HALL OR EMAIL TO: hdemas@villageofbeecher.org

Office use only: _____

Permit # _____ Fee \$ _____ Date Paid _____

Annual Fee: \$50/yr / Renewal: May 1-April 30



VILLAGE OF BEECHER

Est ♦ 1870

625 Dixie Hwy/P.O. Box 1154
Beecher, Illinois 60401
(708) 946-2261
Fax: (708) 946-3764
villageofbeecher.org

CONFIDENTIAL BUSINESS INFORMATION

Office Use Only: Licensed by Village Licensed by State

BUSINESS INFORMATION

BUSINESS NAME: _____ BUSINESS PHONE: _____
DBA: _____ BUSINESS EMAIL: _____
STREET ADDRESS: _____ BUSINESS OWNER: _____
BUSINESS OWNER'S ADDRESS: _____

EMERGENCY CONTACTS/KEYHOLDER INFORMATION

Name: _____ Phone#s: _____
Name: _____ Phone#s: _____
Name: _____ Phone#s: _____

ALARM & SAFETY INFORMATION

(check applicable boxes)

Burglar Alarm Fire Alarm Alarm Company Name _____
 Knox Box Sprinkler System Other Info _____

Does the business location have video surveillance? Interior Exterior

After Hours Cleaning Service? _____ After Hours Delivery? _____

Is there a safe on site? _____ Location _____

Other Relevant Information _____

HOURS OF OPERATION

	MON	TUES	WED	THURS	FRI	SAT	SUN
OPEN							
CLOSE							
HOURS EMPLOYEES PRESENT							

Completed by (please print): _____

Signature: _____ Date: _____

This confidential form is for security/emergency use only and will not be available to the general public. Please provide any pertinent information that will help us assure the security of your property.

RETURN FORMS TO VILLAGE HALL OR EMAIL TO: hdemas@villageofbeecher.org