

The City of



111 N. Wood River Avenue
Wood River, IL 62095
(618) 251-3100

**Business Registration
Application**

Date of Application: _____

Fee paid: _____

Registering for: ___ New Business in Wood River

___ Change of Address

___ Change of Ownership

___ Renewal of Registration

Business Information

Business Name: _____

Business Address: _____

Business Phone: _____ Alternate Phone: _____

Business Fax: _____ Business E-mail Address: _____

Business Website Address: _____

Illinois Business Tax Number (IBT#): _____

Complete Description of Activity/Type of Business:

Number of Employees: _____

Combustible Materials on Site? _____ If Yes, please list types: _____

Attachments Required:

- Copies of County, State or Federal licenses/permits required for your business

Business Owner Information

Name of Owner: _____

Address of Owner: _____

Phone: _____ Alternate Phone: _____

Fax: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Attachments Required:

- Driver's License

Property Owner Information

Name of Property Owner: _____
 Address of Property Owner: _____
 Phone: _____ Alternate Phone: _____
 Fax: _____ E-mail Address: _____

Emergency Contact

(e.g. Manager)

Contact Name: _____
 Contact Address: _____
 Phone: _____ Alternate Phone: _____
 Fax: _____ E-mail Address: _____

Corporate Headquarters/Parent Company

Name: _____
 Address: _____
 City/State/Zip Code: _____
 Contact Name: _____
 Phone: _____ Alternate Phone: _____
 Fax: _____ E-mail Address: _____

Home Occupation Information

Hours of Operation: _____
 What is the square footage of the primary structure? _____
 Square footage of the space that will be used for your home occupation?

 Is this your primary residence? _____
 Are you the owner of the property? _____
 Do you intend to use signage? _____
 Will there be a steady and recurring flow of customers who visit your residence at
 scheduled or anticipated times? _____

Attachments Required:

- Copy of Special Use Permit
- Site plan of your property, including dimensions of the lot, all structures located on the lot and any parking spaces

Temporary Business

Activity: _____

Dates of Activities: _____

Attachments Required:

- Copy of Special Use Permit

Building Construction Information

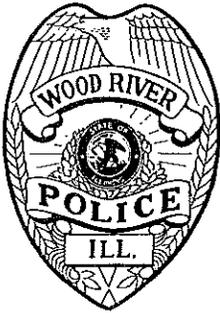
Width: _____ Length: _____ Height: _____

Square Footage: _____ Stories: _____

Basement Levels: _____ Fire Resistive: _____

Protected Non-combustive: _____

Unprotected Non-combustible: _____



Wood River Police Department

111 N. WOOD RIVER AVE.
WOOD RIVER, IL 62095

NON-EMERGENCIES (618) 251-3113
INVESTIGATIONS (618) 251-3140

Otis Steward
CHIEF OF POLICE

BUSINESS EMERGENCY CONTACT FORM

Name of business	Phone Number
Business Address	
Property Owners Name	Phone Number
Property Owners Address	
Is the building alarmed? If so, please indicate the name and phone number of the company.	
Is there Hazardous Materials on site? If so, indicate what type.	
Is there a safe located within the building? If so, please indicate where at.	
Is there any lights left on over night? If so, please indicate where at within the building.	

After hour contact numbers – Please list at least two contacts.

Name	Address	Home Phone	Cell Phone

Please return to:
Joe Petrokovich, PSAP Manager
 Wood River Police Department
 111 N. Wood River Ave.
 Wood River, IL 62095
 PSAP Manager Office 618-251-3157
 Fax 618-251-3112

Office Use Only
Date Entered: _____
Initials: _____