



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

License Application

Date of Application: _____

Fee paid: _____

Registering for:

- | | |
|--|---|
| <input type="checkbox"/> Amusement License | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Restaurant License | <input type="checkbox"/> Refuse Hauling License |
| <input type="checkbox"/> Hotel/Motel License | <input type="checkbox"/> Solid Waste Storage |
| <input type="checkbox"/> Raffle License | |
- (check all that apply)

Business Information

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ Alternate Phone: _____

Business Fax: _____

Business E-mail Address: _____

Business Website Address: _____

Illinois Business Tax Number (IBT#): _____

FEIN/SSN: _____

Complete Description of Activity/Type of Business:

Number of Employees: _____

Date of Opening (Wood River Location Only): _____

****All future applications, invoices and licenses will be emailed. Please provide a valid email address for your business. Licenses will continue to expire on April 30th each year, only late notices with penalties attached will be mailed****

Business Owner Information

Name of Owner: _____

Address of Owner (Not the business address): _____

Phone: _____ Alternate Phone: _____

Fax: _____

Email: _____

Property Owner Information

(If different from business owner information)

Name of Property Owner: _____

Address of Property Owner: _____

Phone: _____ Alternate Phone: _____

Fax: _____

Email: _____

Local Designee (Emergency) Contact Information
(Manager)

Contact Name: _____

Contact Address: _____

Phone: _____ Alternate Phone: _____

Fax: _____

Email: _____

Additional Emergency Contact Name: _____

Contact Address: _____

Phone: _____ Alternate Phone: _____

Home Occupation Information

(If applicable)

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 or employees who visit your residence at scheduled or anticipated times? _____

Additional Amusement License Information

(If applicable)

Type of Machine	# of Machines	Coin Denomination
Cigarette		
Juke Box		
Pool Table		
Shuffleboard		
Pin Ball		
Dart Board		
Other		
Video		
Video Gaming Terminal (gambling machines)		
Total # of Machines		

Owner of Gaming Machines: _____

Gaming Machine Owner Address: _____

Gaming Machine Owner Phone: _____

Per city code 110.01 License required to carry on business: It shall be unlawful for any person, persons, firm, or corporation, to hereafter engage in or carry on any business or occupation set forth and designated in this title, without first procuring a license so to do, within the city.

Per city code 35.06 Inspection of buildings: It shall be the duty of the Fire Department to inspect or cause to be inspected by the officers or members of the Fire Department of the city, as often as may be necessary, all buildings, premises, and public thoroughfares in said city, except the interior of private dwellings, for the purpose of ascertaining and causing to be corrected any of the provisions of any ordinance of said city affecting fire hazards.