



Fee
\$25.00

BUSINESS LICENSE APPLICATION

Business and Owner Information:

Business Name: _____ Phone Number: _____

Owner(s) Name(s): _____

Business Address: _____ City/Zip _____

Mailing Address: _____ City/Zip _____

Business is Operated as: Corporation _____ Partnership _____ Sole _____ Other _____

Home Occupation: Y or N

Managers Name _____ Phone Number: _____

Home Address _____ City/Zip _____

Emergency Contact Name _____ Phone Number _____

This information will remain confidential.

Business Information:

Type of Business (i.e., construction, real estates, etc.) _____

Give full description of Business Activity taking place on property: _____

Application date _____ Business Start Date in Byron _____ Ogle County License # _____

(if applicable)

Certification:

I hereby certify that I have provided complete and accurate information above. I acknowledge that I am aware that failure to comply with the home occupation requirements may result in revocation of my City of Byron Business License and/or enforcement action under the Zoning Ordinance.

Applicant Signature: _____ Date: _____

For Office Use Only:

Date License Approved: _____ By _____ City Business License Number: _____

Date paid _____ Amount Due _____ Cash or Check # _____

Zoning Compliance – To be completed by Zoning Officer

Zoning Classification of Property _____ Is Business a permitted use in this District? _____ Yes or _____ No

Was Special Use Approved? _____ Yes or _____ No If yes, list date and ordinance number. _____