

HOME-BASED BUSINESS LICENSE APPLICATION

2828 Sheridan Road, Zion, IL 60099 847-746-4012 - FAX 847-746-7167 www.cityofzion.com

HOME BASED LICENSE FEE: \$20.00 **see late charge fees below							
New A	pplication	Renewal Application	Ch	ange of Ownership/Business Name			
APPLICANT INFORMATION:							
Business/O	rganization Nam	ie:					
Business Mailing Address:				City:			
State:	Zip Code:	Business Phone No:		Fax No.:			
Main Contact or Responsible Party:			Emergency Contact Number:				
E-Mail Address:				Tax ID No.:			
Business W	ebsite Address:						

The undersigned hereby petitions the City of Zion for a license to operate a:

(Type of business)

, at _____ (Street address of business)

in the City of Zion, Illinois. The undersigned here by agrees to abide by the ordinances of the City of Zion and to open his establishment for inspection by the properly designated Officials at any reasonable hour.

The fee of **\$20.00** is for the annual license effective **January 1**st **through December 31st. All** license fees are nonrefundable. Checks should be payable to **"City of Zion"** and mailed to City of Zion, City Clerk, 2828 Sheridan Road, Zion, IL 60099

**Late Charges:

Any person not purchasing a required business license or permit by the required due date, shall pay a late charge as follows:

• Within first 30 days of the due date, a late charge of 10% of the business license fee will be added to the amount due.

• Over 30 days of the due date, a late charge of 10% of the business license fee plus and additional \$5.00 per day for every day over 30 days will be added to the amount due.

Owner Signature

Date

Print Name

FOR OFFICE USE ONLY							
Date Paid:	Original License Amount	::	License #				
Receipt No:	Late Charges:						
Received By:	Total Due:						