

# ~Application for Home Based Business Registration~



## Village of Willow Springs

One Village Circle  
Willow Springs, IL. 60480

(708) 467-3700 phone

(708) 467-3710 fax

☐ New Application

☐ Renewal

**No signs allowed** (in residential zoned areas)

The undersigned hereby makes application for the issuance of a business registration for the period beginning \_\_\_\_\_ and ending December 31, 20\_\_\_\_\_.

Business name: \_\_\_\_\_ Business Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Business address: \_\_\_\_\_

Street

Unit #

City

State

Zip Code

Type of business \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Home phone # (\_\_\_\_)\_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Drive Lic.# \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

unit

City / Town

State

Zip Code

### Emergency contact person:

Name: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

Street

unit #

City / Town

State

zip code

Name: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

Street

unit #

City / Town

State

zip code

Is the owner of the business also the owner of the building? (yes or no) \_\_\_\_\_

If not, please give the expiration date of the lease: \_\_\_\_\_

Name of lesser: \_\_\_\_\_ address \_\_\_\_\_

Business signs are not allowed in residential zoned areas.

**All questions on this application must be answered before the registration will be processed.**

Authorized by:

Name (Please Print) & Title

Signature & Phone Number

**Please do not write below this line. Office use only**

Dated returned \_\_\_\_\_