

# VILLAGE OF NEW BADEN

1 E HANOVER ST  
NEW BADEN IL 62265  
(618) 588-3813 FAX: (618) 588-7105  
www.NewBadenIL.com

## Business Registration Application & Certification

Pursuant to Ordinance #737, "Requiring Business Licenses," I hereby file this written registration with the Office of the Village Clerk of the Village of New Baden and submit the \$25.00 fee. Application is renewable annually by May 1 and expires on April 30 of the next year following its issue.

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Business Hours: \_\_\_\_\_  
(Ex.: Sole Proprietor, Partnership, Corporation or Organization)

IBT (Illinois Business Tax) #: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Please include copy of State License. (Federal Employer Identification Number)

Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Manager Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you rent/lease the property in which this business is located:  
Landlord Name & Address: \_\_\_\_\_

Has the applicant ever had a license in this municipality?  YES  NO If so, when: \_\_\_\_\_

Has a license to this applicant ever been revoked?  YES  NO If "yes", explain: \_\_\_\_\_

Has the applicant ever been convicted of a violation of any of the provisions of this code, etc.?  YES  NO  
If "yes", explain: \_\_\_\_\_

Has the applicant ever been convicted of the commission of a felony?  YES  NO  
If "yes", explain: \_\_\_\_\_

**If you are a Day Care Provider, please submit a copy of your Illinois Daycare License with this application.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Registration Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_