

**CITY OF SPARTA  
BUSINESS LICENSE APPLICATION  
114 W. Jackson St.  
Sparta, IL 62286  
Ph. 618-443-2917 Fax 618-443-4712  
Application fee: \$50.00**



**Business Name:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_  
(if different than business address)

**Business Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Corporate Name:** \_\_\_\_\_

**Corporate Address:** \_\_\_\_\_

**Corporate Phone:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_

**Product/Service Offered:** \_\_\_\_\_

**Sales Tax Number:** \_\_\_\_\_

**FEIN #:** \_\_\_\_\_

**PERSONS TO BE NOTIFIED IN CASE OF AN EMERGENCY**

<b>Name:</b> _____	<b>Name:</b> _____
<b>Home Phone:</b> _____	<b>Home Phone:</b> _____
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____
<b>Pager #:</b> _____	<b>Pager #:</b> _____
<b>Other Phone:</b> _____	<b>Other Phone:</b> _____

**Property Owner (if not listed above):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Occupancy Inspection Completed Yes No (Circle One)

If yes, please list Occupancy Inspection Number \_\_\_\_\_

## INFORMATION FOR POLICE AND FIRE DEPARTMENT

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<b>Burglar Alarm:</b>	<b>YES</b>	<b>NO</b>		
<b>If Yes (circle type)</b>	<b>Perimeter Sounding Alarm</b>	<b>Direct line to Security Company</b>		
	<b>Other:</b>	_____		
<b>Holdup Alarm:</b>	<b>YES</b>	<b>NO</b>		
<b>If Yes (circle type)</b>	<b>Perimeter Sounding Alarm</b>	<b>Direct line to Security Company</b>		
	<b>Other:</b>	_____		
<b>Fire Alarm:</b>	<b>YES</b>	<b>NO</b>		
<b>If Yes (circle type)</b>	<b>Perimeter Sounding Alarm</b>	<b>Direct line to Security Company</b>		
	<b>Other:</b>	_____		
<b>Stand Pipe:</b>	<b>YES</b>	<b>NO</b>	<b>(circle one)</b>	<b>Location: N S E W</b>
<b>Sprinkler System:</b>	<b>YES</b>	<b>NO</b>	<b>(circle one)</b>	<b>Location: N S E W</b>
<b>Hazardous Materials:</b>	<b>YES</b>	<b>NO</b>	<b>(circle one)</b>	<b>If yes, please attach list</b>
<b>Window Areas:</b>	<b>(circle all that apply)</b>		<b>Location(s):</b>	<b>N S E W</b>
<b>Roof Entry Point:</b>	<b>YES</b>	<b>NO</b>	<b>(circle one)</b>	
<b>Door Areas:</b>	<b>(circle all that apply)</b>		<b>Location(s):</b>	<b>N S E W</b>
<b>Night Watchman/ Private Security Security Guard</b>	<b>YES</b>	<b>NO</b>	<b>(circle one)</b>	
<b>Dog:</b>	<b>YES</b>	<b>NO</b>	<b>(circle one)</b>	
<b>Hours Building Occupied:</b>	_____			

### VERIFICATION

BY SIGNING THIS DOCUMENT YOU VERIFY THAT ALL ANSWERS ABOVE  
ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE

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(Signature)

(Print Name)

Date

Thank you for doing business in Sparta.



This institution is an equal opportunity  
provider and employer.