



BUSINESS LICENSE APPLICATION

Village of East Alton, 119 W. Main St., East Alton, IL 62024

Telephone: 618-259-7522 E-Mail: lpalmer@villageofeastaltonil.gov

Website: www.villageofeastaltonil.gov

PRINT OR TYPE ONLY

Business Information:

Business Name: _____

Business Address: _____

Telephone Number: _____

E-Mail Address: _____

Illinois Business Tax Number (IBT#): _____

Business Owner Information:

Name (First, Middle Initial, Last): _____

Owner Address: _____

Telephone Number: _____

E-Mail Address: _____

Manager (Local Contact):

Name (First, Middle Initial, Last): _____

Manager Address: _____

Telephone Number: _____

E-Mail Address: _____

Property Owner Information (If Leased Space):

Name (First, Middle Initial, Last): _____

Company Name: _____

Property Owner Address: _____

Telephone Number: _____

E-Mail Address: _____

Preferred billing: Business Address Owner Address

Applicant's signature: _____

Date: _____