

# CITY OF LAKE GENEVA BUSINESS LICENSE APPLICATION



**\$25.00 Annual Fee**

Annual License Expires **June 30<sup>th</sup>** Each Year

Please fill in the blanks completely, as incomplete applications will be rejected.

**Please Check:**  New Business  New Owner  Name Change  Renewal  
 Location Change - Must be approved by Building & Zoning Dept prior to application

## APPLICANT & BUILDING INFORMATION

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

Business Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Owner(s) Name: \_\_\_\_\_

Business Owner(s) Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Owner(s) Home Address: \_\_\_\_\_

Local Contact Person for Business (if different): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

Building Owner(s) Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the Building Owner approved the use of the space for your business? YES NO

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

Opening date (new businesses only): \_\_\_\_\_

Is the property currently vacant? YES NO      Is this a Home Based Business? YES NO

Are there any improvements planned to the existing property? YES NO

*\*If yes, please explain* \_\_\_\_\_

Have you spoken with the Building & Zoning Administrator regarding your business? YES NO

DATE: \_\_\_\_\_

## **BUSINESS OWNER SIGNATURE**

### *For Office Use Only*

Date Filed: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_

Date forwarded to Building Dept: \_\_\_\_\_ Building Inspector Approval: \_\_\_\_\_

Date forwarded to Fire Dept: \_\_\_\_\_ Fire Inspector Approval: \_\_\_\_\_

Copy of Application forwarded (emailed) to Police Dept \_\_\_\_\_

Verified: Stark  MSI  Notes/conditions: \_\_\_\_\_

Date License issued: \_\_\_\_\_ License #: \_\_\_\_\_

*Copies to: Assessor, Chamber*