

**Village of St. Jacob**  
**BUSINESS LICENSE APPLICATION**

(Please type or print)

License Fee \$100.00

Applicant's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of residence at above address: \_\_\_\_\_ years \_\_\_\_\_ months

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No \_\_\_\_\_

Citizenship of Applicant \_\_\_\_\_

Business Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Business Address \_\_\_\_\_

Zoning of Area \_\_\_\_\_

A description of the subject matter that will be used in the business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the last three- (3) municipalities where applicant has carried on business immediately preceding the date of application:

\_\_\_\_\_

Has applicant ever had a license in this municipality?

Yes  No

Has a license issued to applicant ever been revoked?

Yes  No

If so, when \_\_\_\_\_

Has applicant ever been convicted of a violation of any of the provisions of the Business Licensing and Regulation Ordinance?

Yes  No

If yes, explain \_\_\_\_\_

Has applicant ever been convicted of a felony?

Yes  No

If yes, explain \_\_\_\_\_

Sales Tax Number \_\_\_\_\_

LIST ALL OWNERS IF LICENSE IS FOR LOCAL BUSINESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
CO APPLICANTS DATE

\_\_\_\_\_  
CO APPLICANTS DATE

\_\_\_\_\_  
APPROVAL SIGNATURE (BUILDING INSPECTOR) DATE

\_\_\_\_\_  
APPROVAL SIGNATURE (MAYOR) DATE

\_\_\_\_\_  
FOR OFFICIAL USE ONLY

Date Application Rcvd: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Cash or Check: \_\_\_\_\_