



## Application for Rental Business License

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI Maiden

Address: \_\_\_\_\_  
City State Zip

Number of Years at Current Address: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

Prior Address: \_\_\_\_\_  
City State Zip

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_ How Long? \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Criminal Record: \_\_\_\_\_ If "Yes" Explain: \_\_\_\_\_  
\_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI Maiden

Address: \_\_\_\_\_  
City State Zip

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_ Criminal Record? \_\_\_\_\_

Have you ever been refused a business license? \_\_\_\_\_ When \_\_\_\_\_

Where \_\_\_\_\_ Reason \_\_\_\_\_

Who will manage the business? \_\_\_\_\_

List two references (No Relatives):

Name	Address	Phone
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Applicant

**Please complete form and submit to City Hall with Fee of \$25 (cash or check).**  
615 Madison Avenue Madison, IL 62060 | (618) 876-6268