



111 N. Wood River Avenue
Wood River, IL 62095
(618) 251-3100

Business Registration Application

Date of Application: _____ Fee paid: _____

Registering for: ___ New Business in Wood River ___ Change of Address
___ Change of Ownership ___ Renewal of Registration

Business Information

Business Name: _____

Business Address: _____

Business Phone: _____ Alternate Phone: _____

Business Fax: _____ Business E-mail Address: _____

Business Website Address: _____

Illinois Business Tax Number (IBT#): _____

Complete Description of Activity/Type of Business:

Number of Employees: _____

Combustible Materials on Site? _____ If Yes, please list types: _____

Attachments Required:

- Copies of County, State or Federal licenses/permits required for your business

Business Owner Information

Name of Owner: _____

Address of Owner: _____

Phone: _____ Alternate Phone: _____

Fax: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Attachments Required:

- Driver's License

Property Owner Information

Name of Property Owner: _____

Address of Property Owner: _____

Phone: _____ Alternate Phone: _____

Fax: _____ E-mail Address: _____

Emergency Contact

(e.g. Manager)

Contact Name: _____

Contact Address: _____

Phone: _____ Alternate Phone: _____

Fax: _____ E-mail Address: _____

Corporate Headquarters/Parent Company

Name: _____

Address: _____

City/State/Zip Code: _____

Contact Name: _____

Phone: _____ Alternate Phone: _____

Fax: _____ E-mail Address: _____

Home Occupation Information

Hours of Operation: _____

What is the square footage of the primary structure? _____

Square footage of the space that will be used for your home occupation?

Is this your primary residence? _____

Are you the owner of the property? _____

Do you intend to use signage? _____

Will there be a steady and recurring flow of customers who visit your residence at
scheduled or anticipated times? _____

Attachments Required:

- Copy of Special Use Permit
- Site plan of your property, including dimensions of the lot, all structures located on the lot and any parking spaces

Temporary Business

Activity: _____

Dates of Activities: _____

Attachments Required:

- Copy of Special Use Permit

Building Construction Information

Width: _____ Length: _____ Height: _____

Square Footage: _____ Stories: _____

Basement Levels: _____ Fire Resistive: _____

Protected Non-combustive: _____

Unprotected Non-combustible: _____



Wood River Police Department

111 N. Wood River Ave.

Wood River, IL 62095

618-251-3113

BUSINESS EMERGENCY CONTACT FORM

Name of business	Phone Number
Business Address	
Property Owners Name	Phone Number
Property Owners Address	
Is the building alarmed? If so, please indicate the name and phone number of the company.	
Is there Hazardous Materials on site? If so, indicate what type.	
Is there a safe located within the building? If so, please indicate where at.	
Is there any lights left on over night? If so, please indicate where at within the building.	
Do you have a surveillance system (camera's)? Please advise if they are interior, exterior or both. Does your system record? <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> No Surveillance System	

After hour contact numbers – Please list at least two contacts.

Name	Address	Home Phone	Cell Phone

Please return to:
Joe Petrokovich, PSAP Manager
Wood River Police Department
111 N. Wood River Ave.
Wood River, IL 62095
PSAP Manager Office 618-251-3157
Fax 618-251-3112

Office Use Only
Date Entered: _____
Initials: _____