

**Business Registration Application  
Non-Residential Use of Property**

**City of Fairview Heights  
City Clerk's Office  
10025 Bunkum Road  
Fairview Heights, IL 62208  
(618) 489-2000**

\_\_\_\_\_ **NEW REGISTRATION** \_\_\_\_\_ **DATE NEW BUSINESS ANTICIPATES BEGINNING**  
\_\_\_\_\_ **RENEWAL** \_\_\_\_\_ **SEASONAL** **OPERATIONS IN FAIRVIEW HEIGHTS**

**Any changes since last registration: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

To assure that the purpose and intent of the City of Fairview Heights Zoning Code is achieved, it is important that non-residential uses of property in the City be identified. City Ordinances require that such uses register annually with the City Clerk's Office. **The fee for registration is \$25.00 (renewed every January).** Some of the information requested on the registration form can be helpful in protecting your business in the event of a fire or other emergency. **Make check payable to the City of Fairview Heights and send to the address above.**

**APPLICATION MUST BE FILLED OUT COMPLETELY IF THERE ARE CHANGES OR IF YOU ARE A NEW BUSINESS**

Description of business activity, services performed and/or goods to be sold/ marketed:

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

**NAME OF FAIRVIEW HEIGHTS BUSINESS:** \_\_\_\_\_

**F. H. BUSINESS ADDRESS:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_  
(Street, City, State, Zip Code)

**OWNER'S DATE OF BIRTH:** \_\_\_\_\_ **OWNER'S PHONE #:** \_\_\_\_\_

**BILLING ADDRESS** (If different from business address): \_\_\_\_\_  
\_\_\_\_\_  
(Street, City, State, Zip Code)

**MANAGER'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

HOURS OF OPERATION: Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

CONTACT IN CASE OF AN EMERGENCY (if different than owner):

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

State of Illinois Sales Tax Number: \_\_\_\_\_

Federal Income Tax Number: \_\_\_\_\_

Do you use or store any flammable, combustible, explosive, or otherwise hazardous liquids, gases, or other materials on this property?  Yes  no

If yes, describe type & location: \_\_\_\_\_

Does this business have any burglar/hold-up alarm on premises?  Yes  No

If yes, identify name, type and contact information: \_\_\_\_\_

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

Do you handle, process, or prepare food or other products for consumption and have all certifications issued by the St. Clair County Health Department?  Yes  No

**If yes, every application for a food-related business shall provide evidence of the required Health Certificates issued by the St. Clair County Health Department.**

Is this business required by law to be bonded or insured?  Yes  No

**Any business required by law to be bonded or insured shall provide evidence of such bond or insurance.**

*Any significant changes during the registration year to information submitted are to be reported to the City Clerk as soon as possible and registration shall be amended at no additional charge to the registrant.*

**BY MY SIGNATURE BELOW, I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT AS OF THE DATE ENTERED BELOW. I FURTHER CERTIFY THAT SHOULD ANY OF THE INFORMATION IN THIS DOCUMENT CHANGE SIGNIFICANTLY PRIOR TO ANNUAL REGISTRATION, I WILL IMMEDIATELY NOTIFY THE CITY CLERK OF THOSE CHANGES.**

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

TYPED OR PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_