

COMMISSIONERS

Wayne T. Saltzman
Finance & Accounts

Douglas Money
Public Property

James Mikel Jr.
Public Health & Safety

Fay Smith
Streets & Alleys

CITY OF BRAIDWOOD

141 West Main Street
Braidwood, Illinois 60408
(815)458-2333
Fax (815)458-6074
www.braidwood.us



Mayor
Robert Jones

City Administrator
Tony Altieri

City Clerk
Adam Beaty

November 18, 2020

Dear City of Braidwood Business License holder:

Your Business License expires December 31, 2020. If you wish to renew your license for calendar year 2021, please submit all of the following:

1. A completed application. A blank application is enclosed. Scanned signatures are acceptable.
2. Payment to "City of Braidwood." License fee is \$50.00

You may submit the above in any of these ways:

- By mail to City Clerk, Braidwood City Hall, 141 W. Main St., Braidwood, IL 60408.
- In person at City Hall, Monday- Friday, 9:00 a.m. - 5:00 p.m.
- Through the City Hall drive-through Drop Box, available 24/7.

Please call me at (815) 458-2333 if you have any questions.

Respectfully,

Adam M. Beaty
City Clerk

COMMISSIONERS

Wayne T. Saltzman
Finance & Accounts

Douglas Money
Public Property

James Mikel Jr.
Public Health & Safety

Fay Smith
Streets & Alleys

CITY OF BRAIDWOOD

141 West Main Street
Braidwood, Illinois 60408
(815)458-2333
Fax (815)458-6074
www.braidwood.us



Mayor
Robert Jones

City Administrator
Tony Altieri

City Clerk
Adam Beaty

APPLICATION FOR BUSINESS LICENSE

Renewal
New

PLEASE NOTE: Any misrepresentations or falsification of the information sought below will result in revocation of the certificate as granted.

Date: _____ Illinois Retailers Tax Number: _____

Name of Business: _____ Partnership Corp

Address: _____ City: _____ State: _____ Zip: _____

Is this a new address for this business? Yes No

Business Phone: _____ Emergency Phone: _____

Contact Email: _____

Owner/Contact Name: _____ Home Phone: _____

Owner/Contact Home Address: _____ City: _____ State: _____ Zip: _____

Business products and services: _____

Food Service Establishment: Yes No

Food Sanitation Certification#: _____

Name of Person Certified: _____

Liquor License (Type): _____

It is understood that no business may be commenced unless and until approval has been granted. I agree to comply with all state statutes, city ordinances and regulations relating to the above business.

Name of Applicant
(please print)

Signature of Owner/Manager