



VILLAGE OF BRIGHTON
APPLICATION FOR BUSINESS REGISTRATION

BUSINESS INFORMATION		Registration # Issued:	
Business Name: _____ Email: _____			
Business Address: _____ Business Phone: _____			
Mailing Address: Street _____ City _____ State _____ Zip _____			
Business Type: _____		IL Sales Tax #: _____	
Years In Business: _____		Hours of Operation: _____	Insurance Co.: _____
Zoned: _____	Signage: YES NO	County Business License #: _____	
APPLICANT INFORMATION			
Name: _____		Phone: _____	
MAILING			
Address: Street _____ City _____ State _____ Zip _____ Citizenship: _____			
Length at above address: _____	DOB: _____	SS#: _____	
Residences for the last 3yrs if different from above: _____			
Have you ever been convicted of a felony? YES NO			
List last 3 municipalities where applicant has carried on business: _____			
Have you ever had a license in the Village of Brighton? YES NO When: _____			
Have you ever had a license revoked? YES NO If 'yes', explain: _____			
County Health Dept. Inspection Must Accompany This Application (If selling food items)			
I agree to keep my business in a safe condition by maintaining any and all buildings, keeping it free from accumulation of refuse, waste, and junk, stored wastepaper, cartons, boxes, and other flammable material. I agree to clean and sanitary conditions, free from flies, rodents, vermin, insects, decaying animal or plant matter. The business shall be kept in good repair so that persons are not injured by reason of any defects, unsafe or dangerous conditions, or substance or thing that would be dangerous to the health and safety of the public.			
SIGNATURE of APPLICANT _____		Date: _____	
\$50.00 BUSINESS REGISTRATION FEE Payable to: Village of Brighton			
<i>Registration shall expire on June 30th, 2027.</i>			
Zoning Inspector Signature _____ (New Applications Only)		Date: _____	