



**APPLICATION for a BUSINESS REGULATORY LICENSE**

**CITY OF ALTON, ILLINOIS**

**Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [landlords@cityofaltonil.com](mailto:landlords@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

**Landlord License**

**PRINT OR TYPE ONLY**

**BUSINESS LICENSEE INFO:** *Please attach a copy of Driver's License, information to be used by Police Department only*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Company name, if applicable: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**(LOCAL CONTACT) INFO:** *Please attach a copy of Driver's License, information to be used by Police Department only*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Company name, if applicable: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**All indebtedness to the City must be paid in full before any Regulatory License is issued.  
Landlord must register ALL rental properties with the Department of Building and Zoning.  
Failure to register all properties may result in a suspension of Business License.**

*The fee for a Class B Business License is \$100 due annually (Ord. 7078).*

*Business license fees are Non-Refundable (Ord. 7281).*

**AFFIDAVIT**

I \_\_\_\_\_, d/b/a \_\_\_\_\_,

have completed and submitted an application for a Business License in the City of Alton, Illinois, with the knowledge this does not indicate that I have been licensed to conduct business. The business will not be licensed until all inspections have been completed and approved.

Signature: \_\_\_\_\_

Owner

\_\_\_\_\_

Date

For office use only:

\_\_\_\_\_

\_\_\_\_\_