



Village of Berkeley

2026 Business License Renewal

Date: _____

Payment Amount Submitted: _____

- Instructions: 1. Type or print legibly
2. Incomplete applications will not be considered.

OWNER INFORMATION

Owner: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Alternate Telephone: _____
Email Address: _____

BUSINESS INFORMATION

Business Name: _____
Business Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Business Telephone: _____ Days of Operation: _____ Hours of Operation: _____

EMERGENCY CONTACT INFORMATION

Key Holders Name and Phone Number: _____
Key Holders Name and Phone Number: _____

ALARM INFORMATION

Burglar Alarm Company and Phone Number: _____
Fire Alarm Company and Phone Number: _____
Knox Box Company and Phone Number: _____

Your license will not be forwarded unless this form is completed and returned. Thank you for your cooperation.