



**Zoning Occupancy Permit Application  
(Montgomery Business License)**

Business/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Proposed / Current Use or Type of Business: \_\_\_\_\_

Number of Employees (Full, Part, Seasonal): \_\_\_\_\_

Square Footage of Building/Space: \_\_\_\_\_

Owner/Manager Contact Name: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Company Fax Number: \_\_\_\_\_

Company Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

Month and Year Business Started Occupying Building: \_\_\_\_\_

Own or Lease: \_\_\_\_\_

**Please submit application to:**

Village of Montgomery  
200 N. River Street  
Montgomery IL 60538

Fax (630) 896-0791 Phone (630) 896-8080

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**Village Use Only:**

Certificate# \_\_\_\_\_ Current Zoning District: \_\_\_\_\_ Mailed / Hand Delivered