



TOWN OF CICERO

Business License Department

4949 WEST CERMAK RD • CICERO, ILLINOIS 60804 • 2ND FLOOR
708.656.3600 ext. 250, 253, 206 • FAX 708.656.0859

Larry Dominick
Town President

Ismael Vargas
Business License - Director

AFFIDAVIT

FOR USE WITH BUSINESS LICENSE PERMIT APPLICATION FOR HOME
OCCUPATION

I, _____, AM EIGHTEEN YEARS OF AGE OR OLDER
AND HAVE PERSONAL KNOWLEDGE OF THE FACTS SET FORTH HEREIN:

- A. I HAVE APPLIED FOR A BUSINESS PERMIT TO OPERATE A HOME-
OFFICE AT _____, CICERO, ILLINOIS.
- B I CURRENTLY OWN/LEASE (CIRCLE ONE) THE PROPERTY
REFERENCED IN PARAGRAPH "A": ABOVE.

I SWEAR, UNDER PENALTY OF PERJURY, THAT ALL STATEMENTS SET
FORTH ABOVE ARE TRUE AND ACCURATE.

SIGNATURE

PRINT NAME

SUBSCRIBED AND SWORN TO
BEFORE ME THIS _____ DAY
OF _____, 20 _____



TOWN OF CICERO

Business License Department

4949 WEST CERMAK RD • CICERO, ILLINOIS 60804 • 2ND FLOOR
708.656.3600 ext. 250, 253, 206 • FAX 708.656.0859

Larry Dominick
Town President

Ismael Vargas
Business License - Director

OPERATING A BUSINESS FROM HOME ACKNOWLEDGMENT

I, THE UNDERSIGNED, DO STATE THAT I AM APPLYING FOR A BUSINESS LICENSE TO DO BUSINESS AS:

BUSINESS NAME: _____

AND THAT I INTEND TO OPERATE THAT BUSINESS FROM MY RESIDENCE AT: _____

I AGREED TO COMPLY WITH ALL FEDERAL OR STATE LAWS AND ALL ORDINANCES OF THE TOWN OF CICERO. I UNDERSTAND THAT I MAY OPERATE THIS BUSINESS FROM THE PROPERTY WHICH IS MY RESIDENCE SO LONG AS THE BUSINESS USE IS INCIDENTAL TO ITS USE AS MY RESIDENCE. I ALSO UNDERSTAND THAT NO TRUCKS ARE ALLOWED TO BE PARKED ON ANY RESIDENTIAL STREET. NO PEDESTRIAN TRAFFIC, NO STORAGE OF MATERIALS OR EQUIPMENT ON PROPERTY.

YOUR
SIGNATURE _____ DATE _____

PRINT NAME _____

LOCATION OF RESIDENCE AND BUSINESS _____

NOTE

IF PROPERTY IS OWNED BY SOMEONE OTHER THAN THE APPLICANT, THE APPLICANT MUST BRING A LETTER FROM THE OWNER OF THE PROPERTY GIVING HIS AUTHORIZATION TO CONDUCT A BUSINESS FROM HIS PROPERTY. PLEASE HAVE OWNER INCLUDE HIS NAME, ADDRESS AND PHONE NUMBER ON THE LETTER ALSO