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**APPLICATION AND RENEWAL FORM
FOR BED AND BREAKFAST ESTABLISHMENTS
(ORDINANCES. 94-34 and 04-36)
(License Effective May 1 – April 30 each year)**

DATE OF APPLICATION: _____

Owner's Full Name: _____

Address of Owner: _____

Phone No. of Owner: _____ **Owner's Driver's License No.** _____

Email Address: _____

Name of Establishment: _____

Address of Establishment: _____

Mailing Address (if different): _____

Business Phone No. _____

Name of Operator: _____

Address of Operator (if different from Owner): _____

Tax Parcel No.: _____ **Number of Guest Bedrooms:** _____

Insurance Policy Name and Number: _____

Other items to be included with the renewal application:

1. Proof of Insurance
2. Annual Fee of \$50.00
3. Copy of annual inspections
4. Floor Plan of Establishment

