



JACKSONVILLE

CITY OF JACKSONVILLE

CITY CLERK'S OFFICE

200 WEST DOUGLAS, JACKSONVILLE, IL 62650

PHONE 217-479-4613

BUSINESS REGISTRATION APPLICATION

** PLEASE PRINT OR TYPE – INDICATE N/A WHEN NON-APPLICABLE **

BUSINESS INFORMATION:

NAME OF BUSINESS: _____

DESCRIBE THE PRODUCT OR SERVICE PROVIDED: _____

BUSINESS ADDRESS: _____

AREA TO BE OCCUPIED BY BUSINESS (SQ. FT): _____

NUMBER OF PARKING SPACES: _____ NUMBER OF EMPLOYEES: _____

TELEPHONE: _____ FAX: _____ E-MAIL _____

WEBSITE: _____

CHECK ANY OF THE FOLLOWING THAT APPLY:

____ HOME BASED ____ NOT-FOR- PROFIT ____ SOLE PROPRIETORSHIP ____ PARTNERSHIP

____ CORPORATION ____ FIRM ____ ASSOCIATION ____ OTHER

BUSINESS OWNER INFORMATION:

OWNER NAME: _____

OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ E-MAIL _____

PROPERTY OWNER INFORMATION:

OWNER OR REPRESENTATIVE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

REQUIRED -- RESPONSIBLE LOCAL CONTACT IN THE JACKSONVILLE AREA:

NAME: _____

RELATIONSHIP TO BUSINESS _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

SIGNATURE _____ *DATE:* _____

	APPROVED	NOT APPROVED	ZONING CLASSIFICATION	COMMENTS / SIGNATURE
COMMUNITY DEVELOPMENT				
CATEGORY / TYPE				
OUTSTANDING FEES				
OTHER				

NOTES:

- ✓ A \$25 NON-REFUNDABLE APPLICATION FEE IS REQUIRED.
- ✓ ALL RESTAURANTS OR BUSINESSES SELLING FOOD MUST CONTACT THE MORGAN COUNTY HEALTH DEPARTMENT AT 217-245-5111
- ✓ PLEASE CONTACT THE CITY CLERK'S OFFICE AT 217-479-4613 IF ADDITIONAL INFORMATION IS NEEDED.

LICENSE NO. _____