



# City of Jacksonville

City Clerk's Office

200 West Douglas, Jacksonville, IL 62650

Phone 217-479-4613

Fax 217-479-0452

## 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 Jacksonville Area:**

Name: \_\_\_\_\_

Relationship to Business \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**OFFICE USE ONLY**

|                  | Approved | Not Approved | Associated Bldg Permit No. | Zoning Classification | Comments / Signature |
|------------------|----------|--------------|----------------------------|-----------------------|----------------------|
| Code Enforcement |          |              |                            |                       |                      |
| Fire Prevention  |          |              |                            |                       |                      |
| Planning /Zoning |          |              |                            |                       |                      |
| Outstanding Fees |          |              |                            |                       |                      |
| Other            |          |              |                            |                       |                      |

**Notes:** A \$25 non-refundable application fee is required after May 1, 2008.  
 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.** \_\_\_\_\_