



**BUSINESS REGISTRATION APPLICATION
\$25.00 REGISTRATION FEE**

FOR OFFICE USE ONLY

REGISTRATION/PERMIT NO. _____
DATE PAID _____
CASH/CHECK # _____
RECEIVED BY _____
DATE PERMIT ISSUED/MAILED _____

APPROVED: _____
Mayor

=====

PLEASE TYPE OR PRINT RESPONSES AND COMPLETE ENTIRE FORM

BUSINESS INFORMATION

Legal Name of Business: _____

Local Name of Business (d/b/a): _____

Maryville Business Address: _____

Local Business Telephone: _____

Business Email Address: _____

Check here if you prefer to receive your renewal information by email:

Mailing Address for Correspondence & Mailing of Permit (if different than above):

Number/Apt/Suite/Street, City, State, Zip

Parent Company (if applicable) and Parent Company's Address:

Type of Business (Be as specific as possible): _____

Principle Products Sold or Manufactured, if any: _____

Hours of Operation: _____

Number of Employees: _____

State Sales Tax Number: _____

S.I.C. (Standard Industrial Classification) Code No.: _____

Will alcoholic beverages be sold and/or served? Yes No
If "Yes" please see Clerk for a separate liquor license application package.

Living Quarters in Building? Yes No
If "Yes", located where in building?

APPLICANT (Local Owner or Office Manager) CONTACT INFORMATION

Applicant's Name (First/Middle Initial/Last): _____
Applicant's Home Address: _____
Full Address: _____
City, State, Zip: _____
Telephone: _____
Applicant's Date of Birth: _____
Driver's License Number: _____ State: _____
Citizenship of Applicant: _____

Has the Applicant ever been convicted of the commission of a felony? Yes No
If "Yes", please explain: _____

Has the Applicant previously had a Business Registration in this Municipality? Yes No
If "Yes", When (date)? _____

Has a Registration Issued to this Applicant Ever Been Revoked? Yes No
If "Yes", Please explain: _____

Has the Applicant Ever Been in Violation of the Provisions of the Maryville Revised Code of Ordinances? Yes No
If "Yes", Please explain: _____

OWNERS AND EMERGENCY CONTACTS

List All Owners of Business: _____

Emergency Contacts (please list two):

Name: _____ Name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

Signature of Applicant: _____ Date: _____

- ***Please return or mail completed registration application to Village Hall:
Village of Maryville
Business Registration
2520 N. Center
Maryville, IL 62062***
- ***Business Registrations are renewed annually on May 1st. You will receive renewal information in April of each year. Annual renewal fee is \$25.***
- ***Please display your Business Registration sticker in a conspicuous place such as the window of your front door.***
- ***The Village of Maryville has an exclusive contract with Republic Services to provide Trash/Recycling Services. Please contact them at 1-800-634-8395 to set-up services.***

Thank you for your continued cooperation and please don't hesitate to contact us at 618-345-7028 if we can be of any further assistance.