



**2018-19 BUSINESS REGISTRATION APPLICATION
REGISTRATION FEE \$25**

FOR OFFICE USE ONLY

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

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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: _____

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: _____

No., Street, Apt: _____

City, State, Zip: _____

Telephone: _____

Applicant's Date of Birth: _____ Mo/Day/Year: _____

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Has a Registration Issued to this Applicant Ever Been Revoked?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: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Signature of Applicant: _____

Date: _____

Please Note:

- **Business Registrations are renewed annually on May 1st. You will receive renewal information in April of each year.**
- **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.