

**CITY OF MARSHALL
BUSINESS REGISTRATION APPLICATION**

<input type="checkbox"/> New Business	Date	
<input type="checkbox"/> Renewal	State License #	
<input type="checkbox"/> Home Based	IL. Dept. of Revenue #	

PLEASE PRINT OR TYPE (Must be completed in full)

1 General Information

Name of Business _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

2 Emergency Contact Information:

Name _____ Phone # _____

3 Business Owner's Information:

Name _____

Home Address _____ City _____ State _____ Zip _____

Telephone No. _____ Emergency No. _____

4 Property Owner's Information (if different from Business Owner)

Name _____

Home Address _____ City _____ State _____ Zip _____

Telephone No. _____ Emergency No. _____

5 Is this business organized as a partnership or as a corporation:

- Partnership/Firm list name, address and telephone number of each member:
- Corporation list the name, and telephone number of each officer

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Name

Address

Please check and fill in any/all blanks that apply to your business:

Full-time employees # _____ Part-time employees # _____ Square footage _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Industrial | <input type="checkbox"/> Contractor Shop |
| <input type="checkbox"/> Gas Station
of pumps _____ | <input type="checkbox"/> Vending machines
of machines _____ | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Laundromat/Cleaners
of machines _____ | <input type="checkbox"/> Dine in Restaurant
of seats _____ | <input type="checkbox"/> Self Storage Building
of units _____ |
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Multi-Family Housing
of buildings _____ # of units _____ | <input type="checkbox"/> Carry Out Restaurant |
| <input type="checkbox"/> New Car Lot | <input type="checkbox"/> Auto Repair Shop | <input type="checkbox"/> Print shop |
| <input type="checkbox"/> Beauty/Barber Shop | <input type="checkbox"/> Used or New Car Lot | <input type="checkbox"/> Towing Service |
| <input type="checkbox"/> Pager/Beepers/Phones | <input type="checkbox"/> Beauty Supply Store | <input type="checkbox"/> Auto Supply Store |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> General Merchandise Store | <input type="checkbox"/> Food Vendors |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Fresh/Frozen Meats/
Lunch Meat |
| <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Candy | <input type="checkbox"/> Candy Store |
| <input type="checkbox"/> Clothing Store | <input type="checkbox"/> Alcoholic Beverages
Beer & Wine | <input type="checkbox"/> Alcoholic Beverages
Beer, Wine, Liquor |
| <input type="checkbox"/> Hardware Store | <input type="checkbox"/> Resale Shop | <input type="checkbox"/> Antique Shop |
| <input type="checkbox"/> Music/Sound Studio | <input type="checkbox"/> Lawyer Office | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Professional Office | <input type="checkbox"/> Record Shop | <input type="checkbox"/> Video Shop |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> General Office | <input type="checkbox"/> Florist |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Dental Clinic | <input type="checkbox"/> Pharmacy/Medical Supplies |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Pre-School | <input type="checkbox"/> Day Care |
| <input type="checkbox"/> Landscapers | <input type="checkbox"/> Currency Exchange | <input type="checkbox"/> Auction House |
| <input type="checkbox"/> Recycling Center | <input type="checkbox"/> Scavenger Service | <input type="checkbox"/> Other _____ |

Signature: _____ (Owner, Partner or Office)

FOR OFFICE USE ONLY		Review Date: _____	(12/10/07)
Zoning Business Classification _____		Current Property Zoning Classification _____	
<input type="checkbox"/> Permitted Use	<input type="checkbox"/> Special Use	<input type="checkbox"/> Variance Required	<input type="checkbox"/> Prohibited Use
<input type="checkbox"/> Site Plan Required (Level ____)		<input type="checkbox"/> Planning/Zoning Reviewed By: _____	