

**MARSHALL, ILLINOIS  
BUSINESS REGISTRATION APPLICATION**

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

*New Business* -  *Renewal* -  *Home Based*

**PLEASE PRINT OR TYPE (Must be completed in full)**

**1. General Information**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Hours of Operation \_\_\_\_\_

**2. Emergency Contact Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**3. Business Owner's Information**

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

**5. Is this business organized as a partnership or 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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Please check and fill in any/all blanks that apply to your business.

- |  |  |   |
|--|--|---|
| Full-time employees_____                               | Part-time employees_____                             | <input type="checkbox"/> 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 (# of machines___)  | <input type="checkbox"/> Funeral Home                 |
| <input type="checkbox"/> Laundromat (# of machines___) | <input type="checkbox"/> Restaurant (# of seats___)  | <input type="checkbox"/> Self Storage (# of units___) |
| <input type="checkbox"/> Car Wash                      | <input type="checkbox"/> Housing (# of buildings___) | <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"/> 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"/> Fresh/Frozen Meats/Lunch Meat | <input type="checkbox"/> Grocery Store               | <input type="checkbox"/> Dairy Products               |
| <input type="checkbox"/> Clothing Store                | <input type="checkbox"/> Beer and Wine               | <input type="checkbox"/> Liquor                       |
| <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"/> Hardware Store              | <input type="checkbox"/> Other_____                   |

**Signature:** \_\_\_\_\_ (Owner, Partner, or Office)

<b>FOR OFFICE USE ONLY</b>		Review Date: _____
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"/> Site Plan Required (Level_____)	<input type="checkbox"/> Prohibited Use	
<input type="checkbox"/> Planning/Zoning Reviewed By: _____		