

BUSINESS REGISTRATION

OFFICE USE ONLY	
DATE SENT	
DATE REC	
COPY APD	

Name of Business: _____

Business Physical Address: _____

Business Mailing Address: _____

Business Phone: (_____) _____ Business Fax: (_____) _____

OWNER Contact Information -- Please provide as many numbers as possible.

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

MANAGER Contact Information -- Please provide as many numbers as possible.

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

AFTER-HOURS Contact Information -- Please provide as many numbers as possible.

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

Type of Business: _____

Hours of Business: _____

Business Sales Tax ID #: _____

Would you like us to send a City Council representative to visit or to participate in any type of Grand Opening for your business? Yes or No

Note: Visit the City web page and send your request to be added on our business listing to the webmaster.

This information sheet will be maintained at the City Office and a copy given to the Auburn Police Department for emergency after-hours contact.

Return completed form to:
CITY OF AUBURN, ILLINOIS
324 West Jefferson Street
Auburn, IL 62615
Office: (217) 438-6151
Office Fax: (217) 438-2831
Garage: (217) 438-6605
Web page: www.auburnillinois.us
City Office Hours:
Monday through Friday
7:30 a.m. to 4:00 p.m.
A drop box is available.