

CITY OF AUBURN, ILLINOIS

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.

<p>Return completed form to:</p> <p>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</p> <p>City Office Hours: Monday through Friday 7:30 a.m. to 4:00 p.m.</p> <p>A drop box is available.</p>
