



1 Veterans Parkway
New Lenox, IL 60451
815-462-6400

BUSINESS REGISTRATION APPLICATION

IT SHALL BE THE DUTY OF ANY PERSON CONDUCTING A BUSINESS IN THE VILLAGE OF NEW LENOX TO DISPL
REGISTRATION CERTIFICATES AT ALL TIMES IN A CONSPICUOUS PLACE WHILE IN USE. ORDINANCE NO. 886

INSTRUCTIONS

- 1) COMPLETE ALL OF THE FOLLOWING INFORMATION ABOUT THE BUSINESS.
2) SEND \$10.00 REGISTRATION FEE WITH THIS APPLICATION TO THE VILLAGE HALL AT THE ABOVE ADDRESS.

NAME OF BUSINESS _____ RETAIL SALES TAX # _____
LOCATION _____ SQUARE FOOTAGE _____
OWNERS NAME _____ BUSINESS PHONE # _____
BUSINESS E-MAIL ADDRESS _____ BUSINESS FAX # _____
TYPE OF BUSINESS (IN DETAIL): _____

() SOLE OWNER () CORPORATION () PARTNERSHIP () ASSOCIATION

LIST NAMES BELOW OF OFFICERS OR CO-OWNERS:

NAME _____ NAME _____
HOME ADDRESS _____ HOME ADDRESS _____
PHONE # _____ PHONE # _____

NAME _____ NAME _____
HOME ADDRESS _____ HOME ADDRESS _____
PHONE # _____ PHONE # _____

IN CASE OF EMERGENCY: (LIST TWO ADDITIONAL CONTACTS)

NAME POSITION CELL PHONE # HOME PH

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COIN OPERATED AMUSEMENT MACHINES _____ YES, HOW MANY? _____ NO _____
OWNER _____

SIGNATURE - OWNER/MANAGER _____ DATE _____

**THE CHAMBER OF COMMERCE IS INTERESTED IS PROMOTING & SUPPORTING YOUR BUSINESS.
MAY WE SHARE YOUR NAME? YES _____ NO _____

OFFICE USE ONLY

PAYMENT: CHECK # _____ CASH _____ DATE _____ RECEIVED BY _____