

City of Mascouta
3 West Main Street
Mascoutah, IL 62258
(618) 566-2964
Fax: (618) 566-4897

Business Registration Application & Certification

May 23, 2012

Pursuant to Ordinance Number 983, BUSINESS ORDINANCE, Article IX Business Registration and License. I hereby file this written registration with the Office of the City Clerk of the City of Mascoutah and submit the \$25.00 fee. Application is renewable annually before the last day of January each calendar year.

Account Number: (Office Use Only)

Name of Business:

Nature of Business:

Type of Business:
(Example: Sole Proprietor, Partnership, Corporation or Organization)

Street Address of Business:

Phone # of Business:

Phone # in Case of Emergency:

IL Dept. of Revenue Sales Tax #:

Or/ FEIN #:

Applicant Signature

Date

Please return this form with registration.

Office Use Only:

Original Application: (New Applications Only)

Building & Zoning Approved/Denied _____ Date _____

City Manager Approved/Denied _____ Date _____

Renewal Application:

Originally Certified:

City Clerk's Office Received: _____
Date Initials

Registration #

**City of Mascoutah
Business Registration Application & Certification**

Account Number: (Office use only)

Name of Business:

Please provide the following information.

Name of Owner:

Owner Address:

Phone1:

Phone2:

Fax:

Email:

Name of Manager:

Manager Address:

Phone1:

Phone2:

Fax:

Email:

Please return this form with registration.

MASCOUTAH DEPARTMENT OF PUBLIC SAFETY

**#3 West Main Street
Mascoutah, IL 62258
(618) 566-2976 ext. 110
Fax: (618) 566-2981
mpd@mascoutah.com**

Dear Business Owner:

Many of you have participated in the past with providing emergency information to the police department. This information can be an asset to the department in the event of an emergency or an immediate contact is needed for your business. This information is kept at the department and not shared.

If your information and contacts have not changed since last year, that information will remain on file. If you would like to participate or update your information please return this form by mail or dropping it off at the station. This allows us to better serve our community. Thank you.

Respectfully,

Bruce W. Fleshren, Chief of Police
City of Mascoutah

BUSINESS NAME: _____

ADDRESS: _____

Contact 1 Name: _____

Phone #'s _____

Contact 2 Name: _____

Phone #'s _____

Contact 3 Name: _____

Phone #'s _____

Business ALARMED YES NO

Additional Comments: