

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

**Business Registration Application & Certification**

Pursuant to City of Mascoutah Code of Ordinances Chapter 7 Business Code Article 1 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: \_\_\_\_\_

Website Address: \_\_\_\_\_

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:

Providing emergency information to the police department 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 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,

Scott Waldrup, Chief of Police  
City of Mascoutah

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE #:** \_\_\_\_\_

Contact 1 Name: \_\_\_\_\_

Phone #'s \_\_\_\_\_

Role: Owner, Manager, other \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_

Phone #'s \_\_\_\_\_

Role: Owner, Manager, other \_\_\_\_\_

Contact 3 Name: \_\_\_\_\_

Phone #'s \_\_\_\_\_

Role: Owner, Manager, other \_\_\_\_\_

**Business ALARMED      YES      NO                      VIDEO on Premises      Indoor      Outdoor**

**HAZMAT Placard#** \_\_\_\_\_ **Guide#** \_\_\_\_\_

**Location of Material** \_\_\_\_\_

**Additional Comments:**