



APPLICANT INFORMATION:

BUSINESS NAME _____

SITE ADDRESS _____

MAILING ADDRESS _____

STREET

STATE

ZIP

PHONE _____ FAX _____ EMAIL _____

MANAGER _____ PHONE _____

CONTACT PERSON _____ PHONE _____

ILLINOIS HOTEL/MOTEL REGISTRATION #: **HM#** _____ # of Rooms: _____

CORPORATE INFORMATION:

CORPORATE NAME _____

CORPORATE MAILING ADDRESS _____

STREET

STATE

ZIP

PHONE _____ FAX _____ EMAIL _____

ILLINOIS BUSINESS TAX NUMBER _____

CONTACT PERSON _____ PHONE _____

OWNER(S), PARTNERS, OR CORPORATE OFFICERS

NAME _____ TITLE _____ HOME ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE _____

NAME _____ TITLE _____ HOME ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE _____

NAME _____ TITLE _____ HOME ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE _____

UNDER PENALTIES AS PROVIDED BY LAW, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF APPLICANT

DATE

**Please return completed application
and the appropriate fee to:**

CITY OF URBANA
FINANCE DEPARTMENT
400 South Vine Street
URBANA, IL 61801

For Office Use Only

Date Received: _____

Amount Paid: \$ _____

Date Issued: _____

Expiration Date: June 30, 20____

License #: _____

Business Account #: _____