



CITY OF
URBANA

Hotel and Motel Business License Application

Fiscal Period Covered July 1, 2023 - June 30, 2024

AMOUNT DUE \$ 166.00

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 _____
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 #: _____