



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