

VILLAGE PRESIDENT
Seth Speiser

VILLAGE CLERK
Jerry Menard

VILLAGE TRUSTEES
Mathew Trout
Dean Pruett
Elizabeth Niebruegge
Lisa Meehling
Ray Matchett, Jr.
Mike Blaies

VILLAGE OF FREEBURG

FREEBURG MUNICIPAL CENTER
14 SOUTHGATE CENTER, FREEBURG, IL 62243
PHONE: (618) 539-5545 • FAX: (618) 539-5590
Web Site: www.freeburg.com

VILLAGE ADMINISTRATOR
Tony Funderburg

VILLAGE TREASURER
Bryan A. Vogel

PUBLIC WORKS DIRECTOR
John Tolan

POLICE CHIEF
Stanley Donald

VILLAGE ATTORNEY
Weilmuenster & Keck, P.C.

BUSINESS REGISTRATION APPLICATION

ANNUAL LICENSE FEE DUE MAY 1ST: \$25.00

(Please type or print)

1. Applicant's Name _____
2. Applicant's Address _____
City _____ State _____ ZIP _____
3. Applicant's Phone (____) _____
4. Length of residence at above address _____ years _____ months
5. Applicant's Date of Birth _____
6. Social Security Number _____
7. Driver's License Number _____
8. Marital Status _____ Name of Spouse _____
9. Citizenship of Applicant _____
10. Employer _____
11. Employer's Address _____
City _____ State _____ ZIP _____
12. Name and address of employers during the last three (3) years if different than above

13. Complete addresses of all residences during the last three (3) years if different than above

14. List the last three (3) municipalities where applicant has carried on business immediately preceding the date of this application

15. Name of proposed business _____

Address of proposed business _____

16. Phone number of proposed business _____

17. Describe the type of business that will be operated _____

18. Has the applicant ever had a license in this municipality?

() Yes () No If so, when? _____

19. Has a license issued to this applicant ever been revoked?

() Yes () No If "yes", explain _____

20. Has the applicant ever been convicted of a violation of any of the provisions of this Code, etc.? () Yes () No If "yes", explain _____

21. Has the applicant ever been convicted of the commission of a felony?

() Yes () No If "yes" explain _____

22. Retailers Occupation Tax # _____

PLEASE ATTACH COPY OF YOUR SALES TAX REGISTRATION

23. List all business owners not named above

OFFICE USE ONLY

REGISTRATION # _____ DATE PAID _____

DATE ISSUED _____

APPROVED/DENIED	CHIEF OF POLICE	_____	DATE	_____
APPROVED/DENIED	ZONING ADMIN	_____	DATE	_____
APPROVED/DENIED	MAYOR	_____	DATE	_____