



# CITY OF EARLVILLE BUSINESS REGISTRATION APPLICATION

Please fill out completely and return, with proper fee, by mailing to:  
City of Earlville, PO Box 98, Earlville, IL 60518, or placing in one of the  
24-hour drop boxes at City Hall, 210 W. Railroad Street, Earlville

TAX ID #: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

For Office Use Only	
NUMBER	_____
<b>FEE:</b>	<b>\$20.00</b>
<b>CASH</b>	_____
<b>CHECK #</b>	_____
<b>BY:</b>	_____

Would you like your business name, address, & contact information  
listed on the city website? ([earlvilleil.org](http://earlvilleil.org))

\_\_\_\_\_ YES      \_\_\_\_\_ NO

IF YES, PLEASE PROVIDE THE INFORMATION BELOW  
AS YOU WANT IT TO APPEAR ON THE WEBSITE :

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Contact Information: \_\_\_\_\_