



# City of Freeport, Illinois

Finance Department

City Hall Building

314 W. Stephenson St.

Freeport, Illinois 61032

(815) 599-5803

## Certificate of Registration

To operate/maintain a Business, Facility within the City of Freeport, complete, in it's entirety, and return to the address above.

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

Address of Operation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ State IBT#: \_\_\_\_\_

Manager of Business: \_\_\_\_\_

Owner (if corporately owned, list President of Corporation): \_\_\_\_\_

Business Address (if different than above): \_\_\_\_\_

Email Address: \_\_\_\_\_

### Type of Business

Check the single item that best applies.

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Inn  | <input type="checkbox"/> Drive-in          | <input type="checkbox"/> Delicatessen     | <input type="checkbox"/> Club                              |
| <input type="checkbox"/> Buffet                                     | <input type="checkbox"/> Eating Place      | <input type="checkbox"/> Restaurant       | <input type="checkbox"/> Package Liquor                    |
| <input type="checkbox"/> Cafe                                       | <input type="checkbox"/> Grocery Store     | <input type="checkbox"/> Soda Fountain    | <input type="checkbox"/> Tavern, bar or<br>cocktail lounge |
| <input type="checkbox"/> Cafeteria                                  | <input type="checkbox"/> Ice Cream Parlor  | <input type="checkbox"/> Tea Room         |  |
| <input type="checkbox"/> Caterer                                    | <input type="checkbox"/> Lunch counter     | <input type="checkbox"/> Movie Theater    |  |
| <input type="checkbox"/> Coffee Shop                                | <input type="checkbox"/> Sandwich Shop     | <input type="checkbox"/> Hotel or Motel   |  |
| <input type="checkbox"/> Diner                                      | <input type="checkbox"/> Soft Drink parlor | <input type="checkbox"/> Convenience Shop |  |
| <input type="checkbox"/> Food, beverage or ice cream mobile vehicle | <input type="checkbox"/> Other _____       |   |  |

### Certification

"I swear that the information provided above is true and correct to the best of my knowledge. Further, I understand that the City of Freeport will assess a 10% penalty and 10% per annum interest charge for late filing."

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Return To: City of Freeport, Finance Department, 314 W. Stephenson St., Freeport, IL 61032 or  
Fax – 815-599-5819