



Business Registration Form

City of Carlyle

850 Franklin Street

Carlyle IL, 62231

618-594-2468

NEW RENEWAL

BUSINESS INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

FAX NUMBER: _____ FACEBOOK PAGE: _____

WEBSITE: _____

DAYS & HOURS OF OPERATION: _____

TYPE OF BUSINESS / BUSINESS DESCRIPTION: _____

DO YOU WANT THE BUSINESS LISTED ON THE CITY'S WEBSITE? **YES NO**

WHAT INFORMATION DO YOU WANT LISTED? **ADDRESS PHONE WEBSITE or FACEBOOK**

(please submit your business logo to kvoss@carlylelake.com)

BUSINESS OWNER'S INFORMATION

NAME: _____ NAME: _____

HOME ADDRESS: _____ HOME ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

EMAIL: _____ EMAIL: _____

PROPERTY INFORMATION

LANDLORD / PROPERTY OWNER'S NAME: _____

LANDLORD / PROPERTY OWNER'S ADDRESS: _____

LANDLORD / PROPERTY OWNER'S PHONE NUMBER: _____

DOES YOUR LOCATION HAVE A SECURITY ALARM? **YES NO**

DOES YOUR LOCATION HAVE CAMERAS? **YES NO** *INSIDE OR OUTSIDE CAMERAS?* _____

DOES YOUR LOCATION HAVE A BACKFLOW PREVENTION DEVICE OR REDUCED PRESSURE ZONE? **YES NO**

DOES YOUR LOCATION HAVE A DIGITAL SIGN THAT CAN BE USED TO PROMOTE LOCAL EVENTS? **YES NO**

EMERGENCY CONTACTS

PLEASE PROVIDE EMERGENCY CONTACT INFORMATION FOR THE POLICE DEPARTMENT.

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

**PLEASE CONTACT CITY HALL AT 594-2468 IF ANY OF THE
INFORMATION ABOVE CHANGES.**

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

FOR OFFICE USE ONLY

LIQUOR LICENSE # _____

VIDEO GAMING LICENSE **YES NO**

DATE RECEIVED _____

LOGO ON FILE **YES NO**