

CITY OF WASHINGTON, IL

BUSINESS REGISTRATION APPLICATION ESTABLISHED 1825

Application Date: _____

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person & Title/Position: _____

(ie: Tom Brown, Manager—This is the person who will be the main contact and who will receive information from the Chamber)

Phone: _____ **Fax:** _____

Email Address: _____

Other Representatives (these are others that we can discuss business information with)

Name	Title	E-mail Address

Website: _____

Of Employees: Full-Time _____ Part-Time _____ Total _____

Description of Business—In approximately 30 words or less, tell what your business is about:

Date Business Started: _____

For more information contact:
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