



**City of Breese**  
500 N. 1<sup>st</sup> St. · Breese, IL 62230  
618.526.7731 · Fax 618.526.2819

### Business Registration Form

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

Business Physical Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Business Hours & Days of Operation: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like your business listed on the city website?     Yes     No  
(businesses within the City of Breese)

\_\_\_\_\_  
Business Signature

\_\_\_\_\_  
Date

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#### Office Use Only

Placed on business listing: \_\_\_\_\_ Placed on website: \_\_\_\_\_ Bus. Dist #: \_\_\_\_\_