

**CITY OF MARION, ILLINOIS
HOTEL CERTIFICATE OF REGISTRATION**

REGISTRATION NUMBER _____

BUSINESS NAME _____

BUSINESS ADDRESS

CONTACT PERSON _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

NUMBER OF ROOMS FOR RENT _____

REGISTRATION IS REQUIRED TO BE FILED WITHIN 30 DAYS FOLLOWING THE
FIRST DAY OF OPERATION AS A NEW HOTEL BUSINESS AND THEN BY DECEMBER
15TH OF EACH YEAR THEREAFTER.

I, THE UNDESIGNED, DO HEREBY AFFIRM THE INFORMATION CONTAINED HEREIN
TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

PRINTED NAME