



## Business Registration Application



The following information is **required** per the Village of North Aurora Ordinance No. 00-10-09-04 being an Ordinance for the Registration of Business Operation Locations in the Village of North Aurora. Please complete the following information.

A fee of \$50 will be required for annual registrations. Please make your check payable to the Village of North Aurora. All blanks must be completed.

If you have any questions, please contact the Community Development Department at 630-897-1457. You will be called when the registration has been approved and is ready for pick up. Forms should be dropped off or mailed to the Village of North Aurora, 25 E. State Street, North Aurora, IL 60542.

### Section I – Location Information

Corporate Name: \_\_\_\_\_ Premise Phone \_\_\_\_\_

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

Type of Entity (Individual, Corporation, LLC, Partnership, etc.) \_\_\_\_\_

Street Number \_\_\_\_\_ Street Direction \_\_\_\_\_ Street Name \_\_\_\_\_ Street Type \_\_\_\_\_

Address 2: \_\_\_\_\_

Apt/Suite #: \_\_\_\_\_ Township \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Vacant Property (Y/N) \_\_\_\_\_ PIN Number \_\_\_\_\_

### Section II – Mailing Information

Corporate Name \_\_\_\_\_ Phone \_\_\_\_\_

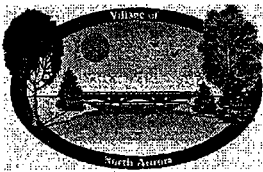
Contact Name (Owner, Partner, Shareholder, etc.) \_\_\_\_\_

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

Street Number \_\_\_\_\_ Street Direction \_\_\_\_\_ Street Name \_\_\_\_\_ Street Type \_\_\_\_\_

Address 2 \_\_\_\_\_

Apt/Suite # \_\_\_\_\_ Township \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**Section III - Hours of Operation:**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

**Section IV - Building Information**

Number of Employees \_\_\_\_\_ Floors Above Grade \_\_\_\_\_ Floors Below Grade \_\_\_\_\_

Property Use \_\_\_\_\_

**Section V - Contact Information**

**Building Owner/Management Company**

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

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

Keyholder #1 Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

Keyholder #2 Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

Keyholder #3 Name \_\_\_\_\_ Title \_\_\_\_\_

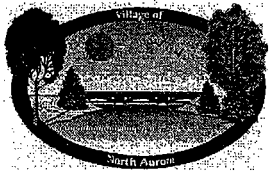
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

Sprinkler System Maintenance Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Fire Alarm Monitoring Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Fire Alarm Account Number \_\_\_\_\_

Ansul System Maintenance Co. Name \_\_\_\_\_ Phone \_\_\_\_\_



**Section VI – Hazardous Material Information**

Number of Above Ground Storage Tanks \_\_\_\_\_

Contents of Above Ground Storage Tanks \_\_\_\_\_

Number of Below Ground Storage Tanks \_\_\_\_\_

Contents of Below Ground Storage Tanks \_\_\_\_\_

Potential De-Contamination Facilities on Site \_\_\_\_\_

**Section VII – Building Layout Details**

Sprinkler Connection Location \_\_\_\_\_

Standpipe Location(s) \_\_\_\_\_

Annunciator Location \_\_\_\_\_

Fire Alarm Control Panel Location \_\_\_\_\_

Ansul System Location \_\_\_\_\_

Roof Access Location \_\_\_\_\_

Fire Dept. Key Box Location \_\_\_\_\_

Fire Pump Location \_\_\_\_\_

Water Main Shut Off \_\_\_\_\_

Electric Shut Off Location \_\_\_\_\_

Gas Shut Off Location \_\_\_\_\_

Fire/Smoke Detection Presence (Y/N) \_\_\_\_\_

Type \_\_\_\_\_

Power Supply \_\_\_\_\_



Office Use Only

Department Approval

- \_\_\_\_\_ Fire
- \_\_\_\_\_ Police
- \_\_\_\_\_ Finance/Admin
- \_\_\_\_\_ Public Works
- \_\_\_\_\_ Water
- \_\_\_\_\_ Community Development
- \_\_\_\_\_ CD Director Approval

Registration Approved

Y\_\_\_\_\_ N\_\_\_\_\_

Approval Date

\_\_\_\_\_

Registration #

\_\_\_\_\_

Registration Expires

\_\_\_\_\_