



Business Registration Application

Village of Island Lake 3720 Greenleaf Ave. Island Lake, IL 60042

847-526-8764 • fax: 847-526-1534 • www.villageofislandlake.com

Date _____ 20____ New ___ Renewal ___ Change of owner ___ (Check one.)

Business Name _____ Phone _____ Email _____

Business Address _____ Number of Employees _____

Business Phone # _____ Business Fax # _____

Type of Business: Individual ___ Partnership ___ Corporation ___ Other (list type): _____

Describe business activity _____

Days/Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Fire Alarm ___ Security system ___ Name/Phone number of alarm company _____

Business Owner contact & other information:

Name _____ cell phone _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Is owner actively involved and present at business? Yes ___ No ___ If yes, describe involvement: _____

List All Emergency Contacts Information in Priority order (use other side of this application if necessary)

Key holder #1 _____ Cell Phone _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Key holder #2 _____ Cell Phone _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Property Owner/Landlord Contact Information:

Name _____ Cell Phone _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Attach all required State and County licenses held by Business Owner, Business Manager and Employees. The undersigned hereby applies to the Village of Island Lake, Illinois for Business Registration. I have read and completed this application, fully understand its intent and declare that the statements made are true. I understand that incomplete applications or applications containing false information will not be approved.

Owner Signature _____ Print Name _____ Date _____ 20____

Office Use Only

Date Received _____ Payment received _____

Fire District Only: New ___ Revisited ___ Entered ___ Emailed to Dispatch ___

Alarm Position Number _____