



# Business Registration Application

Date \_\_\_\_\_ 20\_\_\_\_\_ Check One: New \_\_\_\_\_ Renewal \_\_\_\_\_ Change of Owner \_\_\_\_\_

### Business contact information:

Business Name \_\_\_\_\_ # of Employees \_\_\_\_\_

Business Address \_\_\_\_\_ Unit/Building # \_\_\_\_\_

Business Phone # \_\_\_\_\_ Email \_\_\_\_\_

Type of Business: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other: \_\_\_\_\_

Describe business activity \_\_\_\_\_

Hours of Operation: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Fire Alarm \_\_\_\_\_ Security system \_\_\_\_\_ Name/Phone number of alarm company \_\_\_\_\_

### Business Owner contact information:

Owner Name \_\_\_\_\_

Owner Phone # \_\_\_\_\_ Owner Email \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is Owner actively involved and present at Business? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, describe involvement: \_\_\_\_\_

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

1. Key holder #1 Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Key holder #2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Property Owner/Landlord Contact Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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 \_\_\_\_\_

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**Office Use Only**

Date Received \_\_\_\_\_ Payment received \_\_\_\_\_

Fire District Only: New \_\_\_\_\_ Revisited \_\_\_\_\_ Entered \_\_\_\_\_ Emailed to Dispatch \_\_\_\_\_

Alarm Position Number \_\_\_\_\_