



## North Aurora Business/Alarm Registration Application

The following information is **required** per 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.

The required annual registration fee is \$50.00. Please make your check payable to the Village of North Aurora. Form must be completed in its entirety. Annual Business/Alarm Registration renewals are due by **January 1<sup>st</sup>** of each year.

If you have any questions, please contact Village Hall at 630-897-8228. **Please drop off or mail the forms and payment to the Village of North Aurora, 25 East State Street, North Aurora, Illinois 60542.**

### Section 1 – Zoning Information

**Is this a new business in North Aurora?**  Yes  No

If **no**, please proceed to Section 2.

If **yes**, please contact Planner David Hansen, [dhansen@northaurora.org](mailto:dhansen@northaurora.org) or 331-385-6172, **BEFORE** submitting your business registration application to verify the following information:

Zoning District: \_\_\_\_\_ Use of Property: \_\_\_\_\_

New business applications will **not** be accepted until the zoning has been verified. Providing the zoning information on the line above signifies that you have spoken with the Community Development Department and the zoning is correct for your business.

### Section 2 – Location Information

Business Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

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

Facility Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Date of Business Opening: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Description of business operation: \_\_\_\_\_

Hours of Operation:

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday  
\_\_\_\_\_

**Section 3 - Billing/Mailing Information** (responsible party for payment of fines/fees)

Corporate Name: \_\_\_\_\_

Contact Name (Owner, Partner, Etc.) \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Corporate Phone: \_\_\_\_\_ Corporate Fax: \_\_\_\_\_

Corporate Contact Email Address: \_\_\_\_\_

*Business certificates are no longer being issued. Receipt of payment is proof of registration; if there is an issue preventing the approval of registration businesses will be contacted on an individual basis.*

**Section 4 - Emergency Contact Information** (Building Owner/Management Company)

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

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

Key holder # 1 Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Section 5 - Alarm Type** (check all that apply)

Burglar \_\_\_\_\_ Duress \_\_\_\_\_ Hold-up \_\_\_\_\_ Panic \_\_\_\_\_ Other \_\_\_\_\_

Name of Company who installed the system: \_\_\_\_\_ Date Installed \_\_\_\_\_

**Section 6 - Alarm Monitoring Information** (who monitors the alarm, who would call the police or fire department)

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Section 7 - Alarm Servicing Information** (list who performs repairs and maintenance on your alarm)

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please Answer the Following Questions**

Are there written instructions for the alarm system on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the installing or servicing Alarm Company provide written guidelines on how to avoid false alarms? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the installing or servicing Alarm Company provide training on the proper use of the alarm system? Yes \_\_\_\_\_ No \_\_\_\_\_

**Provisions**

- All applicable information must be provided.
- Incomplete or incorrect information may cause for denial of this application.
- Please type all the required information or write legibly.
- Please submit application with payment payable to Village of North Aurora to:
  - o Village of North Aurora
  - 25 East State Street
  - North Aurora, IL 60542

By checking the box to the left I, the applicant, am indicating that all the information provided on this application is true and correct and that I have read and understand the provisions of the application.

\_\_\_\_\_  
Applicant Name / Title – **Please PRINT**

\_\_\_\_\_  
**Applicant Signature**

Date: \_\_\_\_\_

<b><u>For Office use:</u></b>	<b>Department Approval</b>
_____ Water Dept. _____ Finance _____ Code Enforcement _____ Building and Zoning _____ Police	
Registration Number _____	