



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 1st** 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 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. If you would like a **digital certificate** emailed to your above billing email address, please indicate by checking here: _____*

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) **If NO alarm system** check _____ and proceed to 'Section 8 -Provisions'

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 _____

Section 8 - 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: _____

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