



North Aurora Existing Business 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 Registration renewals are due by **January 1st** of each year. **Paper business certificates will only be issued upon request.**

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.**

Business Name: _____ **Date of Application:** _____

Section 1 - Location Information

No changes from the previous year's registration (check)

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

(TURN OVER! DON'T FORGET THE BACK!)

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

No changes from the previous year's registration (check)

Corporate Name: _____

Contact Name (Owner, Partner, Etc.) _____

Corporate Address: _____

Corporate Phone: _____ Corporate Fax: _____

Corporate Contact Email Address: _____

If you would like it sent to a different email, provide that email here: _____

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

No changes from the previous year's registration (check)

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)

No changes from the previous year's registration (check)

Name: _____ Telephone # _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

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

No changes from the previous year's registration (check)

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 be 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
 - o 25 East State Street
 - o 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: _____

For Office use:

Department Approval

_____ Water Dept. _____ Finance _____ Code Enforcement _____ Building and Zoning _____ Police