

North Aurora New 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.

<u>The required annual registration fee is \$50.00.</u> 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 1**st 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.

Section 1 - Zoning Information

Please contact Planner David Hansen, dr your business registration application to v	hansen@northaurora.org or 331-385-6172, BEFOR verify the following information:	<u>E</u> submitting			
Zoning District:	Use of Property:				
·	cepted until the zoning has been verified. Providing that you have spoken with the Community I 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:					

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

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: If you would like it sent to a different email, provide that email here: <u>Section 4 - Emergency Contact Information</u> (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 Info	rmation (list who p	erforms repairs a	ınd maintenance	e on your alarm)
Name:	Tele	phone #		
Address:	City:	State:	Zip:	
Email:	Fax:			_
Please Answer the Following Q	<u>uestions</u>			
Are there written instructions for	the alarm system o	n the premises?	Yes ₋	No
Did the installing or servicing Alar to avoid false alarms?	rm Company provid	e written guidelin		No
Did the installing or servicing Alar of the alarm system?	rm Company provid	e training on the	•	No
Section 8 - Provisions				
 All applicable information Incomplete or incorrect in Please type all the require Please submit application Village of North Au 25 East State Street North Aurora, IL 60 	formation may be condition or wrelegation or wreleg	ite legibly.		1.
By checking the box to the this application is true and application.				
Applicant Name / Title – Please P	RINT	Applicant Sig	nature	
Date:				
or Office use:	Department	Approval		
Water Dept Finance	eCode Enfor	rcement Bu	ilding and Zoning	Police