

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.

<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 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:	ness Name: Date of Appl			
Business Address:				
Section 1 – Location Inforn	<u>ation</u>			
No changes from the previ	ous year's registratior	(check)		
Business Phone: Business Fax:				
Facility Contact Name:Title:Title:				
Email Address:				
Date of Business Opening: Number of employees:				
Description of business oper	ation:			
Hours of Operation:				
Monday Tuesday Wo	ednesday Thursday			

Section 3 – Billing/Mailing Information (responsible party for	or 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 emai	l here:				
Section 4 – Emergency Contact Information (Building Owne	er/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 'Sec Burglar Duress Hold-up P Name of Company who installed the system:	anic Other				
Section 6 - Alarm Monitoring Information (who monitors the department)	e alarm, who would call the police or fire				
No changes from the previous year's registration (check)					
Name: Telephone #					
Address: City: S	tate: 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	<u>Questions</u>				
Are there written instructions fo	or the alarm syst	tem on the prer	mises?	Yes	No
Did the installing or servicing Al to avoid false alarms?	arm Company p	provide written ;	guidelines on		No
Did the installing or servicing Al of the alarm system?	arm Company p	orovide training	on the prope		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:
 - 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: ______

For Office use:	Department Approval				
Water Dept	_ Finance	Code Enforcement	Building and Zoning	Police	