



Business Registration #: \_\_\_\_\_

## BUSINESS REGISTRATION APPLICATION

### Business Information

Business Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

\_\_\_\_\_

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

Hours of Operation: \_\_\_\_\_

Alarm Type: \_\_\_\_\_ (circle one) Burglar Holdup / Panic Fire

Alarm Company: \_\_\_\_\_

Alarm Company Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

Premise Info / Caution: \_\_\_\_\_

Does the Minooka Police Department have permission to conduct a search of the premises if a door is found open after business hours: (circle one) YES NO

Signature of person giving permission: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

### Business Owner Information

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

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

### Building Owner Information

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

### Key Holder Information – (List a minimum of two contacts; in callout order)

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

-Continue Application on Back-

**\*\* ALL APPLICANTS MUST COMPLETE THE FOLLOWING \*\***

What type of business: (Circle one below)

Retail    Professional    Industrial    Warehousing    Manufacturing    Public Services

How many full time employees: \_\_\_\_\_ How many part time employees: \_\_\_\_\_

What will be your business hours:

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

What is your Federal Employee Identification Number: \_\_\_\_\_

What is your Illinois Department of Revenue Number: \_\_\_\_\_

Coin operated device; if so, what type of device: \_\_\_\_\_ How many \_\_\_\_\_

Does the business have a video surveillance: (Circle one)    YES    NO

**\*NOTE: This is for registration purposes only and is not a business license. The business license must be obtained from the state prior to registering with the village. Proof of state licensing will be requested.**

**CERTIFICATION**

I (We) herby certify that the requirements of the State of Illinois, Counties of Grundy / Kendall / Will, and the Village of Minooka have been met and will be maintained throughout the duration of the registration (if issued), and that the statements herein are correct and true to the best of my (out) ability.

Date of Application: \_\_\_\_\_

Signature of Applicant (Business Owner): \_\_\_\_\_

Signature of Partner (if applicable): \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***

Received By: \_\_\_\_\_

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

Reviewed By: \_\_\_\_\_

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

Fee: \$ \_\_\_\_\_ Business Registration #: \_\_\_\_\_

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

Copy sent to the Police section for PLOP purposes: (circle one)    YES    NO

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