



Village of East Dundee

120 Barrington Avenue
East Dundee, Illinois 60118
Office (847)426-2822

BUSINESS REGISTRATION & LICENSE RENEWAL APPLICATION

I (We), the undersigned, hereby complete the application for a Business Registration & Business License under the ordinances of the Village of East Dundee for conducting a business. Any omissions or misstatements of facts herein may cause forfeiture for granting of the Business Registration and/or Business License.

SECTION A: LOCAL BUSINESS Send Renewal information to this Address YES / NO

Name of Business: _____

Doing Business As: _____

Local Address: _____

Business Phone: _____ Business Fax: _____

Website Address: _____ Sales Tax ID: _____

***THE VILLAGE IS WORKING ON CREATING A BUSINESS DIRECTORY FOR THE PUBLIC:
WOULD YOU LIKE TO HAVE YOUR BUSINESS LISTED IN THE VILLAGE DIRECTORY ON THE
VILLAGE WEBSITE:***

NAME & ADDRESS: YES / NO WEBSITE: YES / NO

SECTION B: OWNER/ CORPORATION Send Renewal information to this Address YES / NO

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

SECTION C: EMERGENCY INFORMATION- Local Personnel to be notified in case of emergency

1. _____
Name Address City/State Phone #

2. _____
Name Address City/State Phone #

3. _____
Name Address City/State Phone #

SECTION D: FEES

**Registrations Received prior to January 31st - \$25. \$25.00

**Registrations Received after January 31st are assessed a \$5 per month late fee. (Late Fee + \$_____)

TOTAL AMOUNT ENCLOSED \$

SECTION E: POLICE/FIRE/QUADCOM EMERGENCY INFORMATION

Our list of your personnel to contact in case of an emergency after your regular closing time needs to be updated. The information you supply is for the Police Department, Fire, and QuadCom use only. Copies of this information will be maintained at our police station as well as at Quadcom Dispatch Center.

You assistance in this matter is most appreciated.

- 1) Name of Business: _____
- 2) Address: _____
- 3) Business Telephone #: _____

Name and Home telephone number of (preferably three people) having keys to the building, knowledge of its layout and operations, and keys and/or code for the alarm system. When listing your key holders, list the names in the order to be called out, if possible, the key holder who lives a short distance away. Also note which key holder is the owner/manager.

1st to be called: _____ Phone Number: _____

2nd to be called: _____ Phone Number: _____

3rd to be called: _____ Phone Number: _____

Please list the normal business hours and any other information you care to add (Alarm company, alarm information, pager numbers or key holders, etc.)

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SIGNATURE OF OWNER OR MANAGER : _____

PRINT NAME AND TITLE: _____

DATE: _____