

Registration # _____

Date Received _____

Fee: \$25.00



VILLAGE OF GILBERTS

87 Galligan Road, Gilberts, IL 60136 Phone: 847-428-2861 Fax: 847-428-2955

APPLICATION FOR BUSINESS REGISTRATION AND RENEWAL

Section 1: Business Information

Date: _____

Name of Business _____

Doing Business As _____

Business Address _____ Gilberts, IL 60136

Mailing Address (if different from above) _____

Type of Business _____

Business Phone _____ Business Fax _____

Website Address _____ Email Address _____

Business Category SIC Code(s) _____ Number of Employees FT _____ PT _____

Hours of Operation _____ Days of Operation _____

Section 2: Owner Information

Owners Full Name _____

Address _____

City, State _____ Zip Code _____

Phone # _____ Email address _____

Section 3: Emergency Information – Local personnel to be notified in case of an emergency

Contact #1 _____

Name _____ Address _____ Phone # _____

Contact # 2 _____

Name _____ Address _____ Phone # _____

Section 4: Alarm Information (if your business is alarmed)

Agency Monitoring Alarm

Agency Performing on Premise Maintenance

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Description / Location of Alarm _____

OVER →

Section 5: Signs

Please list the number of illuminated and/or non-illuminated signs you have at this business location.

_____ Illuminated _____ Non-illuminated

Section 6: Hazardous/Flammable Material

List all hazardous and flammable material stored on the premises of your business

Please check the box if you DO NOT wish to be placed on the Village’s website and on the Business List made available to residents at our offices.

Signature of Owner or Manager REQUIRED

Print Name and Title