

City of Aurora

Development Services Center
77 S. Broadway Avenue
Aurora, IL 60507
(630)256-3100 Fax (630)256-3109



Registration Number

Business Registration Form

Business Information

Existing Business: _____ New Business: _____ Change of Ownership _____ Expansion _____ Renewal _____
Proposed Opening Date: _____ Date Opened: _____

Local Business Information

Legal Business Name:		Website:	
DBA (Doing Business As) Name:			
FEIN or SSN:		IBC (if applicable):	
Business Address:			Aurora, IL 6050_
Phone Number:	Fax Number:	E-Mail:	

Corporate Business Information

Corporation Name:			
Contact Name:			
FEIN or SSN:		IBC (if applicable):	
Business Address:			
Phone Number:	Fax Number:	E-Mail:	
Mailing Address(if different from above):			Zip:

Contact Information

Applicant Name:		Business Position:	
Home Address:			Zip:
Phone Number:	Mobile Number:	E-Mail:	
*Emergency (key holder) Contact Name:			
Phone Number:	Mobile Number:	E-Mail:	
Emergency Contact Is: Operator/Manager ___ Owner ___ Management Company ___ Tenant ___ Other ___			

Building Ownership / Emergency Protection Data

Does the Business Own the Building? Yes ___ No ___ If no, complete the following:			
Owner Name:		Owner Address:	
Owner Cell Phone Number:		Owner Email Address:	
Fire Alarm Present? Yes ___ No ___	If No, Are Smoke Detectors Present? Yes ___ No ___		
Fire Suppression /Sprinkler System Present? Yes ___ No ___		Fire Lane Present? Yes ___ No ___	
Fire/Police Lockbox Present? Yes ___ No ___ If yes, contact Aurora Police Department		Burglar Alarm Present? Yes ___ No ___ If yes, provide Alarm Monitoring Company Name and Phone:	

*Emergency Key Holder must be able to make decisions on behalf of the business owner.

Hazardous Materials Present? Yes__ No__ If yes, provide MSD Sheets to the Aurora Fire Department.	Do any employees on premises have a Conceal Carry License? Yes__ No__
Security Personnel on Premises? Yes__ No__ If yes, list hours, if armed and if uniformed.	Security Camera on Premises? Yes__ No__
Business Data	
Business Type Code (see attached table):	Business Structure:
Number of People Employed at this Location (full time equivalents):	
Number of City of Aurora Residents Employed at this Location:	
Number of Parking Spaces at this Location (not including public streets):	
Gross Square Footage of applicant's building area:	Days of Week and Hours of Operation:
Insurance Company Name and Agent Contact:	
Insurance Policy Effective Dates:	
Business Development Benefits (Optional)	
Do you want the local business name, address and telephone number listed on the City of Aurora's website: Yes_____ No_____	
Would you like to receive notices or announcements from the City of Aurora and its partners (such as the Aurora Regional Chamber of Commerce or Invest Aurora) regarding upcoming business related events, programs and other opportunities? Yes_____ No_____	
Do you have plans to expand? Hire more people this year? Please explain.	
How can the City of Aurora help your business?	

Regulations

1. No business registration shall be assigned, sold or transferred, nor shall any registration authorize any person other than the applicant to conduct business under such registration.
2. The applicant shall have a duty to notify the City of Aurora Development Services Department of any changes in the information contained in an application which is pending or which was the basis for the issuance of a registration certificate.

I hereby submit this application with all information included herein being, to the best of my knowledge, true and correct.

DATE:

SIGNED:

The application shall be accompanied by the following:

- (1) A certified copy of the assumed name certificate if the business is to be operated under an assumed name;
- (2) If the business is an Illinois Corporation a certified copy of the articles of incorporation, together with all amendments thereto; If the business is a limited partnership formed under the laws of Illinois, a certified copy of the certificate of limited partnership, together with all amendments thereto;
- (3) If the business is a foreign corporation, a certified copy of the certificate of authority to transact business in this state, together with all amendments thereto; If the business is a foreign limited partnership, a certified copy of the certificate of limited partnership and the qualification documents, together with all amendments thereto;
- (4) Any of the items (1) through (3) above, shall not be required for a renewal application if the applicant states that the documents previously furnished with the original application or previous renewals thereof remain correct and current;
- (5) Agreement to use the City of Aurora Fire Safety plan as per Chapter 4 of the Aurora Fire Code (A, B, E, F, H, I, M, R uses)

Return to: Development Services Center, 77 S. Broadway Avenue, Aurora, IL 60507 or Email to: _____

FOR OFFICE USE ONLY

Rec'd by: _____ Date: _____ Time: _____
APPROVED _____ DENIED _____ Date: _____