



VILLAGE OF ALGONQUIN

COMMUNITY DEVELOPMENT

2200 Harnish Drive - Algonquin, IL 60102
PHONE 847-658-2700, option 3 / FAX 847-658-2631
EMAIL PERMITS@ALGONQUIN.ORG

BUSINESS REGISTRATION APPLICATION

APPLICATION NUMBER \_\_\_\_\_

Examination of the structure is required by the Community Development Department to determine compliance with zoning and life safety requirements. After the approval, we will send the certificate of Business Registration to your email or mail.

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

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

Type of Business: \_\_\_\_\_ IBT # (Retail only): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Business Web Site: \_\_\_\_\_

Business Owner Name: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Owner Phone: \_\_\_\_\_

Property Owner Name: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Floor Area Occupied by Business (Sq. Ft.): \_\_\_\_\_

Type of Materials Stored: \_\_\_\_\_

Location and Size of Storage Area (Sq. Ft.): \_\_\_\_\_

Are you making any building modification? Yes No (If Yes, complete Building Permit Application.)

Will your business require a new sign? Yes No (If Yes, complete Sign Permit Application.)

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

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

Application Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_