



Office Use:

**ANNUAL BUSINESS REGISTRATION APPLICATION**  
**(See Page 3 for Exemptions)**

1. Please check one:  New Lisle Business  New Owner of Existing Lisle Business  
 Annual Renewal  Change of Address (moving within Lisle)

2. Type of Ownership:  Corporation  LLC, LLP  Sole Proprietor  Other

3. Name of Corporation, LLC, LLP, Sole Proprietor, etc.: \_\_\_\_\_

Local Business Name (if different than above) \_\_\_\_\_

Lisle Address (**NO PO BOX**) \_\_\_\_\_ Suite No. \_\_\_\_\_  
(Please include suite numbers)

Mailing Address (if different than above) \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Illinois Tax No. \_\_\_\_\_  
or FEIN: \_\_\_\_\_  
(Note: Sole proprietors who use their social security number as their tax number, please leave blank)

Website: \_\_\_\_\_

4. Name, title, phone number and email address of contact person located onsite during business hours:

Name	Title / Position	Phone
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Email address: \_\_\_\_\_

5. After hours emergency contacts (key holders – list in calling order):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6. Do you have a Knox Box (authorized by Lisle Woodridge Fire Protection District)?  Yes  No

7. Security Systems Information:  N/A – no security system or tenant in secured building

**Burglary:** \_\_\_\_\_  
Name of Alarm Company Phone Number

Address \_\_\_\_\_

8. Approximate Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

9. Days & Hours of Operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

10. If premises are not owned, please provide the following (check the applicable box):

- Landlord Information                       Management Company Information

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

Phone: \_\_\_\_\_

11. Are flammable liquids or hazardous chemicals used, sold or stored in the operation of this business?

- Yes     No

If yes, please provide the following (attach additional pages if necessary):

Type(s) of hazardous chemicals: \_\_\_\_\_

Number, capacity, and location of storage tanks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Description of Business – Check type of business & provide product, service, or other brief description:

- Retail / Wholesale \_\_\_\_\_  
 Office / Research \_\_\_\_\_  
 Service \_\_\_\_\_  
 Manufacturing / Distribution / Warehousing \_\_\_\_\_  
 Dining Establishment \_\_\_\_\_  
 Other \_\_\_\_\_

13. Are there food, beverage, or tobacco vending machines, coin-op games or musical devices onsite?

- No     Yes – If yes, attach listing of machine(s) by type, and provide name(s) of distributor / supplier.

14. For new businesses, new owners of existing businesses and address changes only:

Expected move-in date: \_\_\_\_\_

Has appropriate building /remodeling permit been applied for?  Yes     Not yet

N/A – moving into existing building without remodeling

Has occupancy permit been applied for?  Yes     Not yet

If changing/adding signage, has permit been applied for?  Yes     Not yet     N/A – no new signage

Registration Certificates are for a 12 month period beginning July 1 and ending June 30. Renewal applications will be mailed on or about April 30<sup>th</sup> of each year. The following are exempt from registering: educational, governmental, religious, or political organizations or institutions. **However, these organizations are highly encouraged to register (fee is waived), and must as a minimum provide security alarm information.**

**PLEASE NOTE: The fee is waived for all not-for-profits and charitable organizations. The fee is also waived for businesses that have paid for a current Village of Lisle business, liquor, or tobacco license. Please call 630-271-4100 with questions.**

**FEES**

New Certificate of Registration: \$40 (\$20 if new business begins operation after December 31<sup>st</sup>)

Renewal Registration: \$25 if submitted on or prior to June 15  
\$30 if submitted after June 15 but prior to July 1  
\$40 if submitted on or after July 1 (also subject to a penalty of no less than \$40)

**Note: When mailing, postmark date is submitted date.**

The information provided in this registration application is true and correct to the best of my knowledge and belief. I understand that if there are any changes in the information provided on this application, it is my responsibility to notify the Village of the correct information as soon as possible. I acknowledge that the issuance of this certificate is conditional upon compliance with Village ordinances and the results of any and all inspections. **The requirement of this certificate of registration is in addition to any business licensing requirements required per Village ordinance or through the State of Illinois.**

I understand that if I open for business prior to receiving my registration certificate I will be subject to monetary penalties. I also may not open for business without obtaining any required business licenses or certificates of occupancy.

\_\_\_\_\_  
Signature of Owner, Officer, or Agent Title

\_\_\_\_\_  
Printed Name Date

<b>OFFICE USE ONLY</b>		
<b>DEVELOPMENT SERVICES DEPARTMENT APPROVALS</b>		
Zoning: _____ Signature	_____ Printed Name	_____ Date
Building: _____ Signature	_____ Printed Name	_____ Date