

**VILLAGE OF SPRING GROVE**

7401 Meyer Road, Spring Grove, IL 60081

Phone: 815-675-2121 | Fax: 815-675-6053 | Email: info@springgrovevillage.com

Registration # \_\_\_\_\_

**APPLICATION FOR BUSINESS REGISTRATION**

*Registration is required annually by January 1 of each year. Please complete in full and return to the Municipal Centre no later than January 1 in order to have the annual fee, \$25.00, waived.*

**Section 1: Business Information**

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

Name of Business \_\_\_\_\_

Doing Business As \_\_\_\_\_

Business Address \_\_\_\_\_ Spring Grove, IL 60081

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

Type of Business \_\_\_\_\_

***Owner is responsible for ensuring that the property is properly zoned to conduct type of business prior to opening business***

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Website Address \_\_\_\_\_ Email Address \_\_\_\_\_

Number of Employees \_\_\_\_\_ Hours of Operation \_\_\_\_\_

**Section 2: Owner Information and Landlord Information**

Owner Information

Landlord Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**Section 3: Emergency Information – Local personnel who are key holders and available 24 hours in case of emergency**

Contact #1

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Contact #2

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Contact #3

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Section 4: Fire Alarm Information (if your business has a fire alarm)**

Agency Monitoring Alarm

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

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

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

Alarm Location: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Owner or Manager REQUIRED**

\_\_\_\_\_  
**Print Name and Title**



**Section 5: Tobacco Dealer: \$100 annual fee**

Any person, firm or corporation engaging in the sale at retail of cigars or tobacco in any form, or maintaining a vending device for the sale or distribution of the same shall obtain an annual license.

Business SELLS cigars or tobacco

Business DOES NOT SELL cigars or tobacco

*First time applicants for selling tobacco must fill out the Tobacco Dealer Application. You may download a form from the village's website, [www.springgrovevillage.com](http://www.springgrovevillage.com)*

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**Section 6: Coin Operated Machines: \$50 annual fee per machine**

	Device Description	IL License #	Spring Grove Tag # <i>(for office use only)</i>
1.			
2.			
3.			
4.			
5.			

*First time applicants for Coin Operated Machines must fill out the Coin Operated Amusement Device Application. You may download a form from the village's website, [www.springgrovevillage.com](http://www.springgrovevillage.com)*

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**Section 7: Hazardous/Flammable Material**

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

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**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Application Fee Received:

Business Registration      \$

Tobacco Dealer:                \$

Coin Operated Devices:        \$