



City of Rochelle
 420 North 6th Street, P.O. BOX 601
 Rochelle, IL 61068
 (815) 562-8717
 Building Dept Ext 561-2022 Or 561-2061
BUSINESS REGISTRATION APPLICATION

- Please Check One*
- New Application
 - Change of Owner or Manager
 - Change of Address
 - Change of Business Name

THE UNDERSIGNED HEREBY REQUESTS A REGISTRATION TO CONDUCT BUSINESS IN THE CITY OF ROCHELLE
 (PLEASE PRINT OR TYPE)

Business Name _____	Mailing Address _____
Corporate Name _____	_____
Business Location _____	Phone No. _____
Number of Buildings at Location <input style="width: 100px; height: 20px;" type="text"/>	Fax No. _____
	E-Mail _____

Ownership: Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust

HOURS OF OPERATION

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS (ATTACH ADDITIONAL SHEET, IF NECESSARY)

1st Business Owner _____	Title <u>Mr. / Mrs. / Ms. / Dr.</u>
	<small>Please Circle One</small>
Address (Cannot be P.O. Box) _____	Phone No. _____
	Cell / Pager _____

2nd Business Owner _____	Title <u>Mr. / Mrs. / Ms. / Dr.</u>
	<small>Please Circle One</small>
Address (Cannot be P.O. Box) _____	Phone No. _____
	Cell / Pager _____

BUILDING OWNER

Building Owner (if different than business owner) _____	Title <u>Mr. / Mrs. / Ms. / Dr.</u>
	<small>Please Circle One</small>
Address (Cannot be P.O. Box) _____	Phone No. _____
	Cell / Pager _____

IN CASE OF EMERGENCY, PLEASE CONTACT (ATTACH ADDITIONAL SHEET, IF NECESSARY)

Local Contact Name _____	Phone No. _____
Address _____	Cell / Pager _____

ADDITIONAL KEYHOLDERS

Keyholder Name _____	Phone No. _____
Keyholder Name _____	Phone No. _____

PLEASE CONTINUE ON BACKSIDE

SECURITY INFORMATION

Alarm Company Name _____ Phone No. _____
Address _____

Are there dogs or other animals on premises after hours? Y N Are there any hazardous materials on the premises? Y N
If yes, what breed and where are they located on the premises?

PREFERRED INSPECTION DAYS & TIMES

PLEASE CIRCLE 2 DAYS ALONG WITH AM OR PM FOR THOSE DAYS
Monday Tuesday Wednesday Thursday Friday
AM AM AM AM AM
PM PM PM PM PM

According to the Rochelle Municipal Code Sec 26-41(a Right of entry for inspection), whenever inspections of the premises used for or in connection with the operation of a licensed business or occupation are provided for or required by the provisions of this chapter or other ordinances of the city or are reasonably necessary to secure compliance therewith or to detect violations thereof, it shall be the duty of the licensee, or the person in charge of the premises to be inspected, to admit thereto for the purpose of making the inspection any officer or employee of the city who is authorized or directed to make such inspection at any reasonable time that admission is requested.

EMPLOYEE INFORMATION

Number of persons working at location

IDENTIFICATION INFORMATION

State Sales Tax # _____ - _____ Federal ID # _____ - _____
Occupancy Load

ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS REGISTRATION - AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF REGISTRATION CERTIFICATE.

I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION IS TRUE AND CORRECT

Signature of Owner or Representative: _____ Date: _____
RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF ROCHELLE
THANK YOU FOR DOING BUSINESS IN THE CITY OF ROCHELLE!

FOR OFFICIAL USE ONLY

Scheduled Inspection Date ____ / ____ / _____ Time _____ am / pm

Business Registration No. BR - ____ - ____ - ____ - ____ SIC Code ____ - ____ - ____ - ____

Classification
Approved By
Date

Basic Fee
\$ _____

Other Fee
\$ _____

Total Amount Due

Cash Circle cash or enter check #

Check #

Name on Check