

VILLAGE OF ANTIOCH – BUSINESS REGISTRATION FORM

APPLICANT INFORMATION

Name of Business or Corporation:

d/b/a (in the case of a corporation):

Phone:

Website:

Email:

Business address:

Own Rent *(Please circle)*

Lease Expiration:

Landlord Name:

Landlord Phone:

CONTACT INFORMATION

Contact Name:

Phone:

E-mail:

Fax:

Address:

City:

State:

ZIP Code:

BUSINESS INFORMATION

Type of Business:

Store Manager(s):

Store Owner:

Plaza Name:

of employees:

IL Sales Tax #:

FEIN:

Store Hours:

of handicapped parking spaces:

of bathrooms:

ALARM SYSTEM INFORMATION

Alarm System Company:

Phone:

Keyholder Name:

Phone:

Alternate Phone:

Emergency Contact (if different from keyholder):

Phone:

BACKFLOW DEVICE

Is there a backflow device installed at your place of business?

YES

NO

Make:

Model:

Serial #:

Are triple basins installed at your business?

YES

NO

How often are they serviced?

WASTEWATER INFORMATION

Type of Operation:

Office

Manufacturing

Warehouse

Dentist

Other (Please specify)

Operating Days:

Operating Hours:

Types of Products:

What raw materials are used at this site?

Is process waste discharged to the sewer system, rinsing, etc?

Please describe:

Any liquids stored in drums?

If yes, drum general substance:

Any liquids stored in bulk?

If yes, how many tanks?

Largest tank (gal)_____

Smallest tank (gal)_____

Bulk general substance:

Is any chemical, paint, oil, ink, dye or solvent used in your business, or are there any food or beverage processing and/or preparation?

YES

NO

SIGNATURES

Signature of applicant:

Date: