



**VILLAGE OF OSWEGO
NEW BUSINESS AND ALARM REGISTRATION
APPLICATION**
100 Parkers Mill, Oswego, IL 60543 • (630) 554-3259
Email: registration@oswegoil.org

Date: _____

Home Occupation Registration Fee= \$25.00 Commercial/Industrial/Office Registration Fee= \$50.00

Is the business not-for-profit? Yes No

NFP businesses are required to complete this application and any other forms that are required through the Village, County, or State. No business registration fees will be assessed.

Are you interested in bidding on Village of Oswego RFP projects? Yes No If yes, please provide an email address: _____

Are you an existing business that has changed your business name? Yes No If yes, what is the new business name? _____

Are you an existing business that has changed your business location? Yes No If yes, what is the new location?

Address: _____

City: _____ State: _____ Zip Code: _____

General Information

Is the business a corporation? Yes No If yes, please provide the following:

Corporate Name: _____

Corporate Address: _____

Corporate Phone No. _____ Corporate Email: _____

Name of Business: _____

D.B.A. Name: _____

Business Address: _____

Business Mailing Address: _____

Business Phone No: _____ Business Email Address: _____

*** OFFICE USE ONLY ***

	Date	Initials	Payment:
Cert. Issued:	_____	_____	Amount _____
EnerGov	_____	_____	Form _____
CR	_____	_____	Date _____
PD	_____	_____	Initials _____

For office use only
Zoning Classification Approved:
Zoning Class: _____
By: _____
Date: _____

Describe the nature of the business: _____

Business Website: _____

Square Footage of Business: _____ Number of Employees: _____

Business Hours: Mon.: _____ Tue.: _____ Wed.: _____

Thurs.: _____ Fri.: _____ Sat.: _____ Sun.: _____

Business Ownership/Contact Information

(1) Business Owner Name: _____

Business Owner Address: _____

Business Owner Phone No.: _____

Business Owner Email: _____

(2) Business Owner Name: _____

Business Owner Address: _____

Business Owner Phone No.: _____

Business Owner Email: _____

Primary Contact Name: _____

Relationship to the business: _____

Primary Contact Address: _____

Primary Contact Phone No.: _____ Primary Contact Email: _____

Building/Property Owner

Is the building owned by a company? Yes No If yes, please provide the following:

Company Name: _____

Company Address: _____

Company Phone No.: _____ Company Email: _____

Building/Property Owner Name: _____

Building/Property Owner Address: _____

Building/Property Owner Phone No.: _____

Building/Property Owner Email: _____

Keyholder Information

Please list the keyholders to be contacted in the case of an emergency.

Name: _____ Phone: _____

Email address: _____

Name: _____ Phone: _____

Email address: _____

Name: _____ Phone: _____

Email address: _____

Security and Fire Alarm Information

Security Alarm Company Name: _____

Security Alarm Company Address: _____

Security Alarm Company Phone No.: _____

Security Alarm Company Email: _____

Fire Alarm Company Name: _____

Fire Alarm Company Address: _____

Fire Alarm Company Phone No.: _____

Fire Alarm Company Email: _____

About the Business

Does your business have video surveillance cameras? Yes No

Are the cameras interior, exterior or both? Interior Exterior Both

Do the cameras have data recorders? Yes No If yes, what is the retention period? _____

Are interior lights left on after closing: Yes No If yes, where is the location of the lights? _____

Does your business have any of the following? (Please select all that apply)

Guard Dog Gun(s) Safe Sprinkler System

Hazardous Materials

Type of Hazardous Materials: _____

Supplemental Questions

What are your primary challenges in doing business in Oswego? (Please select all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Drainage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Government Regulation | If "other", please explain: _____ |
| <input type="checkbox"/> Labor | _____ |
| <input type="checkbox"/> Marketing | _____ |
| <input type="checkbox"/> Physical Space | |
| <input type="checkbox"/> Production Process | |
| <input type="checkbox"/> Receiving Technical Assistance | |
| <input type="checkbox"/> Safety | |
| <input type="checkbox"/> Taxes | |
| <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Utilities | |

Would you like to be reached by a business specialist at the Village? Yes No If yes, please provide the following:

Phone No.: _____

Email address: _____

PENALTY: Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing shall be subject to a class I fine, plus applicable hearing costs, as provided in subsection 1-4-3 (D) of this code.

I UNDERSTAND ANY MISREPRESENTATIONS SUBMITTED MAY BE CAUSE FOR DENIAL AND REVOCATION OF THE REGISTRATION. THE UNDERSIGNED DOES HEREBY SWEAR OR AFFIRM, UNDER PENALTIES OF PERJURY, THAT ALL STATEMENTS IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION AND THAT I HAVE PERSONALLY READ EACH AND EVERY QUESTION AND ANSWERED EACH AND EVERY QUESTION IN THIS APPLICATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF OSWEGO TO ISSUE THE REGISTRATION HEREIN APPLIED FOR; AND THAT THE PERSON OR PERSONS APPLYING FOR SUCH REGISTRATION ARE ALL OF GOOD MORAL CHARACTER AND HAVE NOT BEEN CONVICTED OF A FELONY; THAT IF A REGISTRATION IS GRANTED HEREUNDER, THE UNDERSIGNED WILL REVIEW AND NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, THE COUNTY OF KENDALL OR WILL, THE VILLAGE OF OSWEGO, AND REGULATIONS AND THE CIVIL RIGHTS SECTIONS THEREOF AND IS NOT DISQUALIFIED BY REASON OF ANY MATTER OR THING CONTAINED IN THIS DOCUMENT.

Signature of Applicant

Print Name

Title

Date

Name and address of the business may be subject to disclosure under FOIA (Freedom of Information Act)