

Office Use:  
 payment received  
 date \_\_\_\_\_  
 clerk \_\_\_\_\_



415 11th Ave, Fulton, IL 61252  
 P: 815-589-2616 | F: 815-589-4421

## BUSINESS REGISTRATION FORM

All businesses within the City limits are required to register their business with the City **annually**. Please fill out the following information in full and return to City Hall along with the annual registration fee of \$25.00 payable to the City of Fulton.

Business Name	Federal Tax ID#
DBA Name (if different)	Opening Date
Business owner	Email
Business address (physical Location)	Telephone #
Legal business address (if different than physical)	Telephone #
Name of building owner (if other than business owner)	Telephone #
Building owner's address	Telephone #
Insurance company	Telephone #

Type of Business:  Sole Proprietorship  Partnership  LLC  Corporation  Temporary  Vendor  Other

Brief Description of Business:
Business hours: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Employees/key holders who may be contacted in an emergency:

First call	Telephone #
Second call	Telephone #
Third call	Telephone #

Please complete both sides of form and return to City Hall, 415 11th Ave, Fulton, IL 61252.

# BUSINESS REGISTRATION FORM

Do you have any of the following? Check all that apply.

**Burglar alarm**

- silent alarm
- bell/horn alert
- tele-dialer
- central receive

Who does burglar alarm notify? \_\_\_\_\_

**Robbery alarm**

- silent alarm
- bell/horn alert
- tele-dialer
- central receive

Who does robbery alarm notify? \_\_\_\_\_

**Fire alarm**

- silent alarm
- bell/horn alert
- tele-dialer
- central receive

Who does fire alarm notify? \_\_\_\_\_

Please list types of hazardous materials in business. \_\_\_\_\_

Other points of concern: \_\_\_\_\_

Are there video cameras on property being used?  Yes  No

Other information: \_\_\_\_\_

**All individuals or organizations should notify the City of any change in address, ownership, partnership, etc. promptly so all records may be adjusted. If a business is dissolved please advise us within 30 days stating if same was liquidated or sold. If sold, give date, name and address of new owners.**

I hereby certify that the answers above are true and complete to the best of my knowledge, information and belief are made in good faith.

Name	Date
Signature	Telephone #
Title	

Return completed form to City Hall, 415 11th Ave, Fulton, IL 61252.