



## EXEMPT ORGANIZATION REGISTRATION

1050 WEST ROMEO ROAD ROMEOVILLE, ILLINOIS 60446

TEL 815/886-7200 - FAX 815/886-2724

**PLEASE COMPLETE ALL SIDES OF THE REGISTRATION FORM**

Date of Registration Form:	Opening Date (if applicable):
Type of Form: ( ) New Organization ( ) Address Change ( ) Expansion ( ) Other _____	
<b>ORGANIZATION NAME:</b> _____ <b>DBA:</b> _____	
<b>TELEPHONE:</b> _____ <b>WEBSITE:</b> _____	
<b>ADDRESS</b> _____ <i>Street City State Zip</i>	

<b>MAILING ADDRESS IF DIFFERENT FROM ABOVE</b>	
NAME: _____	
TELEPHONE: _____	
<b>ADDRESS</b> _____ <i>Street City State Zip</i>	

<b>PARENT ORGANIZATION MAIN OFFICE</b>	
NAME: _____	
TELEPHONE: _____	
<b>ADDRESS</b> _____ <i>Street City State Zip</i>	

<b>PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY AT THE ORGANIZATION:</b>	
Name/Title _____	Phone & Email _____
Name/Title _____	Phone & Email _____
Name/Title _____	Phone & Email _____

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**1. IS THE BUILDING OWNED OR LEASED? IF LEASED, PROVIDE LESSOR INFORMATION:**

OWNED       LEASED

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Period covered by lease \_\_\_\_\_

**2. WHAT TYPE OF ORGANIZATION ARE YOU PROPOSING/OPERATING? DESCRIBE** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NUMBER OF EMPLOYEES:** \_\_\_\_\_ Full Time    \_\_\_\_\_ Part Time    \_\_\_\_\_ Seasonal/Temp

**How many employees have the following functions?**

\_\_\_\_\_ Management    \_\_\_\_\_ Technical    \_\_\_\_\_ Service/Sales    \_\_\_\_\_ Production    \_\_\_\_\_ Clerical

**4. TOTAL NUMBER OF PARKING SPACES PROVIDED** \_\_\_\_\_

Indoor Parking Spaces \_\_\_\_\_

Outdoor Parking Spaces \_\_\_\_\_

**5. PLEASE CHECK ALL THAT APPLY:**

GAME MACHINES – HOW MANY? \_\_\_\_\_

VENDING MACHINES – HOW MANY? \_\_\_\_\_

OTHER \_\_\_\_\_

**6. TOTAL FLOOR SQUARE FEET OF ENTIRE BUILDING** \_\_\_\_\_

Square feet dedicated to Offices \_\_\_\_\_

Square feet dedicated to Sales \_\_\_\_\_

Square feet dedicated to Warehouse \_\_\_\_\_

Square feet dedicated to Manufacturing \_\_\_\_\_

**7. STATE TAX ID NUMBER:** \_\_\_\_\_

**8. FEDERAL TAX ID NUMBER:** \_\_\_\_\_

**9. WILL THERE BE ANY EXTERIOR STORAGE OUTSIDE THE PRINCIPAL BUILDING? YES NO**

**IF YES, HOW WILL IT BE CONTAINED?** \_\_\_\_\_

**10. WILL THERE BE ANY ACCESSORY STRUCTURES ON THE SITE?  YES  NO**

**11. WILL ANY FUELS, OILS, OR ANY OTHER CHEMICALS BE STORED ON THE SITE?  YES  NO**

12. WILL ANY WASTE MATERIAL BE STORED ON THE SITE?  YES  NO
13. WILL TRUCKS MORE THAN ONE AND A HALF TONS BE PARKED ON THE SITE?  YES  NO
14. WILL ANY VEHICLES BE PARKED OVERNIGHT?  YES  NO
15. WILL ANY LOUD NOISES BE GENERATED ON THE PREMISES?  YES  NO
16. IS YOUR BUSINESSS ALARMED?  YES  NO

ALARM COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF ALARM:  ROBBERY  FIRE  MEDICAL  OTHER \_\_\_\_\_  
 SILENT  AUDIBLE  BURGLARY

**ALARM ZONE INFORMATION (EX. OFFICE, DOCK DOORS, ETC.)**

ZONE 1: \_\_\_\_\_ ZONE 2: \_\_\_\_\_ ZONE 3: \_\_\_\_\_

ZONE 4: \_\_\_\_\_ ZONE 5: \_\_\_\_\_ ZONE 6: \_\_\_\_\_

Please return the completed application to the Community Development Department for further processing. You will be contacted if there are any questions. There is no payment due for a non-profit organization registration.

I understand that the registration for my organization is conditioned upon compliance with all Village Ordinances and Codes and the results of any inspections of above premises at this time or any subsequent inspections while this registration is valid. In addition, in the event that the above named organization is found to be unsecured (i.e. unlocked or an entrance door or a window is open when premises are not occupied after organization hours) I hereby authorize the Romeoville Police Department to enter the above named organization for the purpose of protecting persons and property, and to search for possible intruders. If you do not authorize the entry by the Romeoville Police Department please indicate below.

ENTRY FOR EMERGENCIES IS HEREBY DENIED  ENTRY FOR EMERGENCIES IS HEREBY GRANTED

\_\_\_\_\_  
Organization Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**FOR VILLAGE USE ONLY**

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<b>Fire Department Inspection</b>	_____	<b>Date Inspected</b>	_____
	<i>Initials</i>		
<b>Occupancy Permit No.</b>	_____	<b>Date Issued</b>	_____
	<i>No.</i>		
<b>Rental Inspection Completed</b>	_____	<b>Date Completed</b>	_____
	<i>Initials</i>		
<b>Planning Department</b>	_____	<b>Date Completed</b>	_____
	<i>Initials</i>		
<b>Alarm Registration</b>	_____	<b>Date Received</b>	_____
	<i>Initials</i>		
<b>Emergency Contact</b>	_____	<b>Date Received</b>	_____
	<i>Initials</i>		
<b>Sanitary Sewer Questionnaire Completed</b>	_____	<b>Date Received</b>	_____
	<i>Initials</i>		
<b>Exempt Business No.</b>	_____	<b>Date Issued</b>	_____

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



(INFORMATION REQUIRED BELOW)

Informational Survey for:

Business Name, Address, City, Authorized Rep, Title, Phone, Date

1. Single building, Multi-unit building, Units in Building, Area (Square feet)
2. Employee number, Employees per shift
3. Operating Days (circle): M T W Th F Sa Su, Hours: M-F, Sat-Sun
5. What service is performed at this site?

6. Please check applicable processes and sub-processes on site:
Retail, Office, Wholesale Distributor, Assembling, Food Establishment, Medical Office, Warehouse, Fabricating, Auto/Truck Repair, R & D Lab, Packaging, Manufacturing, Vehicle Wash, Photo-developing, Printing, Other, Laundry, Computer Center, (not copying)

7. What raw materials are used at site?

8. Is process wastewater generated? Yes No
If yes, please describe:

9. Does firm store liquids in drums? Yes No
If yes, how many? Less than 5 5 or more
General Substance:

10. Does firm store liquids in bulk? Yes No
If yes, how many tanks? Tank Number
If yes, show largest and smallest tank size: gallons gallons
General Substance:

PLEASE CALL ROBERT STOPPENBACH AT 815/886-1870 IF YOU HAVE ANY QUESTIONS