



VILLAGE OF ALGONQUIN
Community Development Department
BUSINESS REGISTRATION APPLICATION

Telephone: 847-658-2700 option 3 Email: permits@algonquin.org Fax: 847-658-2631

Permit number: _____

Business Information:

Business Name: _____ IBT# (Retail only): _____

Address: _____

Type of Business: _____ Is this a home occupation? Yes No

E-mail: _____ Phone: _____

Web Site: _____ Estimated Opening Date: _____

Floor Area Size (Sq. Ft.): _____ Storage Area Size/ Location (Sq. Ft.): _____

Type of Materials Stored: _____

Will there be any building modifications? Yes No

Will you be adding/replacing any signs? Yes No

If yes to building modification, complete a Building Permit Application. If yes to signs, complete a Sign Permit Application.

Business Owner Information:

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Property Owner Information:

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Address: _____

Examination of the structure is required by the Community Development Department to determine compliance with zoning and life safety requirements. After the approval, we will send the certificate of Business Registration to your email or mail.

Applicant Signature: _____ Date: _____

Office use only:

Village Approval: _____ Date: _____

Sent to PD: []