

**Coal City Business Registration**

**515 South Broadway Street**

**Coal City, IL 60416**

**Telephone: 815 634-8608, Fax: 815 634-2487**

**www.coalcity-il.com**

Date: \_\_\_\_\_ PIN #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Describe Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website address: \_\_\_\_\_ Listing on Village's site Y  N

Business Hours: \_\_\_\_\_

Alarm Type: Burglar  Hold up/Panic  Fire

Alarm Company: \_\_\_\_\_ Alarm Company Telephone #: \_\_\_\_\_

Business Manager: \_\_\_\_\_ Contact #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Contact #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Key holder Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

What Fire Protection District? \_\_\_\_\_

Do you have another business within the Fire Protection District? Y  N

If yes, list the name and address: \_\_\_\_\_

Do you have hazardous material on site? Y  N  If yes, describe: \_\_\_\_\_

Do you have a Knox Box installed? Y  N  Location: \_\_\_\_\_  
(per Village Ordinance 05-29)

Please complete as applicable. The Village of Coal City will use this information as we begin gathering information concerning commercial occupancies within the Fire Protection District. It will allow the Fire Protection District to provide a better service to you, the merchant and a safer environment for our firefighters in the event that your occupancy would have a need for emergency services.

Completed by: \_\_\_\_\_