



Business Registration Application

The following information is **required** per the Village of North Aurora Ordinance No. 00-10-09-04 being an Ordinance for the Registration of Business Operation Locations in the Village of North Aurora. Please complete the following information.

This application can be completed online. Simply go to the District's website (nafd.org), and click on the orange medallion that says "Business Registration Preplan" in the upper right corner. At the next page, select "Commercial Preplan" and then register to begin in the center of the page. A fee of \$25 will be required if completing the application online and it can be paid with a credit card. **A fee of \$50 will be required if you choose to complete the paper copy of this application rather than going on online.** Please make your check payable to RealView Command Scope and forward it with this application to RealView Command Scope, 414 N. Orleans Street, #310, Chicago, IL 60610, Attention: Ray. All blanks must be completed.

If you have any questions, please contact the Fire Department at 630-897-9698.

Section I – Location Information

Corporate Name: _____ Premise Phone _____

Business Name: _____

Street Number _____ Street Direction _____ Street Name _____ Street Type _____

Address 2: _____

Apt/Suite #: _____ Township _____ City _____ State _____ Zip _____

County _____ Vacant Property (Y/N) _____

Section II – Mailing Information

Corporate Name _____ Phone _____

Contact Name _____

Street Number _____ Street Direction _____ Street Name _____ Street Type _____

Address 2 _____

Apt/Suite # _____ Township _____ City _____ State _____ Zip _____

Section III - Hours of Operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____



Section IV – Building Information

Number of Employees _____ Floors Above Grade _____ Floors Below Grade _____

Property Use _____

Section V – Contact Information

Building Owner/Management Company

Name _____ Title _____

Phone _____ Alternate Phone _____ Email _____

Keyholder #1 Name _____ Title _____

Phone _____ Alternate Phone _____ Email _____

Keyholder #2 Name _____ Title _____

Phone _____ Alternate Phone _____ Email _____

Keyholder #3 Name _____ Title _____

Phone _____ Alternate Phone _____ Email _____

Section VI – Hazardous Material Information

Number of Above Ground Storage Tanks _____

Contents of Above Ground Storage Tanks _____

Number of Below Ground Storage Tanks _____

Contents of Above Ground Storage Tanks _____

Potential De-Contamination Facilities on Site _____



Section VII – Building Layout Details

Sprinkler Connection Location _____

Standpipe Location(s) _____

Annunciator Location _____

Fire Alarm Control Panel Location _____

Roof Access Location _____

Fire Dept. Key Box Location _____

Fire Pump Location _____

Water Main Shut Off _____

Electric Shut Off Location _____

Gas Shut Off Location _____

Fire/Smoke Detection Presence (Y/N) _____

Type _____

Power Supply _____