

**APPLICATION FOR PUBLIC SAFETY REGISTRATION CERTIFICATE**

EFFECTIVE JANUARY 1, 2\_\_\_ THROUGH DECEMBER 31, 2\_\_\_

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BILLING ADDRESS (Other than above): \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

REGULAR BUSINESS HOURS: \_\_\_\_\_

NUMBER OF EMPLOYEES: FULL TIME AND PART TIME: \_\_\_\_\_

NUMBER OF EMPLOYEES ASSIGNED TO OTHER SHIFTS: \_\_\_\_\_

DETAIL SERVICE OR PRODUCT: \_\_\_\_\_

ILLINOIS BUSINESS OR TAX NUMBER: \_\_\_\_\_

IF YOU HAVE HAZARDOUS OR FLAMMABLE MATERIALS ON PREMISES OR A SITUATION THAT THE FIRE DEPT. OR POLICE DEPARTMENT SHOULD BE AWARE OF, PLEASE SPECIFY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A SECURITY OR FIRE ALARM, IF SO PLEASE FURNISH NAME & PHONE NUMBER:

\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

IN CASE OF AN EMERGENCY, LIST NAME AND PHONE NUMBER OF PERSONS TO CONTACT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOLE PROPRIETORSHIP       PARTNERSHIP       CORPORATION

TO BE COMPLETED BY OWNER(S) OR PRINCIPAL OFFICER(S):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

If more than two owners, please list, on the reverse side, the name, address and telephone number of all other individuals involved.

I we understand the issuance of this certificate is purely a registration for the purpose of public safety and emergency information only.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**FOR OFFICE USE ONLY**

FIRE DEPARTMENT: APPROVED/DENIED \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING DEPARTMENT: APPROVED/DENIED \_\_\_\_\_ DATE: \_\_\_\_\_