



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 _____	
ORGANIZATION NAME: _____ DBA: _____	
TELEPHONE: _____	WEBSITE: _____
ADDRESS _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>

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

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

PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY AT THE ORGANIZATION:	
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

FOR VILLAGE USE ONLY

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

Notes: _____



Non-Residential User Discharge Questionnaire
Please call Tim Zarnowski at
(815) 886-1005 with any questions.

User: _____

Address: _____ **Authorized Rep:** _____

_____ **Title:** _____

Phone at Site: _____ **Email Address:** _____

1. **Number of Employees:** Office (Avg and Max) _____ All Other (Avg and Max) _____

2. **What service is performed at this site? (Include details about processes to create product, if applicable)**

3. **Please check applicable processes and sub-processes on site:**

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Office | <input type="checkbox"/> Wholesale Distributor | <input type="checkbox"/> Assembling |
| <input type="checkbox"/> Food Establishment | <input type="checkbox"/> Medical Office | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Fabricating |
| <input type="checkbox"/> Auto/Truck Repair | <input type="checkbox"/> R & D Lab | <input type="checkbox"/> Packaging | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Vehicle Wash | <input type="checkbox"/> Photo-developing | <input type="checkbox"/> Printing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Computer Center | (not copying) | _____ |

4. **What materials are received at the facility?**

5. **Is waste discharged?** Yes No
 If yes, please describe: _____

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

7. **Is water used in any process such as fouling, cleaning, mixing, painting, manufacturing, rinsing, etc? Circle those that apply, or check "No". If "Yes", please provide general details on back.** No

Is any chemical, paint, oil, ink, dye, or solvent used in your business? Circle those that apply, or check "No". If "Yes", please provide general details on back. No

By signing below, you endorse the following statement:

"I certify that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for willingly submitting false information, including the possibility of fine and imprisonment."

x. _____

Date: _____