



# Business Registration

Application Date: \_\_\_\_\_ Registration Fee: \$25.00 Registration # \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Business Mailing Address (If different from above) \_\_\_\_\_

General Manager of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/ Corporation President: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/ Corporation Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner DOB: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Emergency Contact for Police and Fire: \_\_\_\_\_ Phone: \_\_\_\_\_

Resale # \_\_\_\_\_ Federal ID # (FEIN) \_\_\_\_\_ State ID # (SEIN) \_\_\_\_\_ Non-Profit # \_\_\_\_\_

Type of Business:  Retail  Wholesale  Mfg.  Mobil  Home Occupation  Contractor  Other \_\_\_\_\_

NAISC Code: \_\_\_\_\_ Gross Receipts: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

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

Professional License Number: \_\_\_\_\_

Does the Operation of your Business require Material Safety Data (MSDS) Sheets on your premise? (Y/N) \_\_\_\_\_

Is there a Sales Tax Rebate involved? (Y/N) \_\_\_\_\_

Do you have another location in Diamond that is part of your business? (Y/N) \_\_\_\_\_

Are you required to have an Illinois Department of Financial and Professional Regulation License/Permit? (Y/N)

If yes, list License/Permit title: \_\_\_\_\_ License/Permit Number: \_\_\_\_\_

Have you ever been convicted of or plead guilty to a crime other than a misdemeanor traffic violation? (Y/N)

If yes, which state(s), and explain. (You are not required to disclose any SEALED or EXPUNGED criminal records.)

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

I, \_\_\_\_\_, declare under penalty of perjury, that to the best of my knowledge, the information provided herein on this Application is true and correct. I understand that if issued a Business Registration Certification, I will conduct business in a lawful manner, and will obey the laws of the United States, State of Illinois, and the Village of Diamond. I understand that in conducting said business, the Business Registration Certification is subject to suspension for violation of law and ordinances.

Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Registration Acknowledgement**

\_\_\_\_\_  
**Village of Diamond**

**Authorization to Obtain Criminal Background Check**

I, \_\_\_\_\_, the undersigned, do hereby by consent to the performance of a criminal history/background check and the release there of to the Village of Diamond.

By this consent, I authorize the Grundy County Sheriff's Department or any other Law Enforcement Agency to perform and release the results of the background investigation to the Village of Diamond.

In order to assist this process, I provide the following information about myself (please print clearly):

Full Name: \_\_\_\_\_

Aliases/Prior Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A valid picture form of identification will be required, (i.e., Driver's License, State I.D.)*

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public in and for said County of \_\_\_\_\_

**Village of Diamond- Office Use Only**

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_ License Verification \_\_\_\_\_ Background Check \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_