

Village of Johnsburg Business Registration Application

Date: _____

1. Business Name: _____

2. Business Address: _____

3. Mailing Address: _____

(If different than business address)

4. Owner's Name: _____

5. Owner's Address: _____

6. Business Phone: _____ Fax: _____

7. Emergency contact names *(Please provide three (3) names & phone numbers of Key Holders, shared with Johnsburg Police Department & McHenry Township Fire Protection District):*

I. _____

II. _____

III. _____

8. Primary Nature of Business: _____

9. How many years in business: _____ Years in Johnsburg? _____

10. Illinois Retailers Occupation Tax#: _____

11. Health Permit # *(if applicable)*: _____

12. Number of Vending machines: _____

13. Number of Amusement machines: _____

14. Store Front *(Yes or No)*: _____

15. Email Address *(required)*: _____