



BUSINESS REGISTRATION

Dear Business Owner:

The Village of Deerfield has an Ordinance requiring all businesses within Deerfield to register with the Village. The reason for this legislation is two fold:

1. to have on file the names and phone numbers of business owners to contact in the event of an emergency; and,
2. to assure that businesses required by law to pay sales tax are doing so.

There is no fee associated with this registration. It is merely an effort to garner basic information needed by the Village. However, registration is required by law and those who do not comply are subject to a fine of up to \$500.

Accordingly, if you have not already done so, you are urged to complete this Business Registration Form and either mail or fax it to the Village of Deerfield. Should you have any questions, please contact the Village Manager's office at 847.945.5000.

Important: Prior to filling out and sending in the business registration form, you need to contact the Village's Community Development Department at 847.719.7484 to check the zoning to verify that the proposed business use is allowable under the Village's Zoning Ordinance.

Note: Retailers must obtain a Business Tax Identification Number from the Illinois Department of Revenue, and register the business' name with the Secretary of State's office as well. For the Department of Revenue, call 800.732.8866 or 217.782.3336. For the Office of the Secretary of State, call 312.793.3380.

DEERFIELD POLICE DEPARTMENT

PREMISE INFORMATION / BUSINESS REGISTRATION FORM

In order to provide the best possible service to residents and businesses, our database must contain current and accurate information about your location. Please ensure that all of the information is correct so that the Deerfield Police Department may expedite the process in an emergency situation. All information contained on this form shall remain confidential and shall only be used by the Village, Police or Fire Departments. If you have any questions, please do not hesitate to contact the Records Section at 847.945.8636. Thank you for your cooperation.

BUSINESS/RESIDENT NAME: _____

ADDRESS: _____ SUITE/APT: _____

TELEPHONE #: _____ CELL #: _____

FAX #: _____

OWNER/MANAGER: _____

Please list at least three(3) keyholders in the order you would like them contacted. List additional below.

CONTACT ORDER	NAME	HOME PHONE #	CELL PHONE #
1st			
2nd			
3rd			

LOCATION COMMENTS (If your building is hard to find or sits back from the road, enter directions or its actual location in reference to the street):

SPECIAL NEEDS/HAZARDS (Does someone have special medical needs or is there hazardous materials at your location?):

YEARS IN BUSINESS : _____ (Round to closest number)

PRINCIPAL KIND OF BUSINESS: _____

DAYS AND HOURS OF OPERATION: _____

NUMBER OF EMPLOYEES: _____ FULLTIME
 _____ PART-TIME

