

Village of Shorewood
One Towne Center Blvd.
Shorewood, IL 60404
Phone (815)725-2150 • Fax (815)744-6766



IN-HOME BUSINESS REGISTRATION APPLICATION

This form is to be used only if you are already Licensed by the State

Name of business _____

Home address _____ City _____ Zip _____

Sole proprietor (___) Partnership (___) Corporation (___)

Briefly describe business: _____

Owner's full name _____

How long have you lived there? _____ Phone (____) _____

Previous address _____

City _____ State _____ Zip _____ How long? _____

How many employees? _____

How many employee vehicles will be on premises? _____

What is your Federal Employee Identification Number? _____

What is your Illinois Dept. of Revenue Number? _____

Please submit the following with this application:

A copy of your Illinois License

\$25.00 Registration Fee

For office use only

Reviewed by Village Administrator _____ Date _____

Signature

Application (Approved ___) (Denied ___) by Village President on _____, 20____

Signature _____

Fee: \$ _____ License No. _____

SHOREWOOD POLICE DEPARTMENT

BUSINESS INDEX INFORMATIONAL FORM

DATE: _____

COMPANY NAME: _____ *PHONE: _____

SHOREWOOD ADDRESS: _____ *FAX: _____

ZIP: _____ PLEASE CHECK ONE - NEW BUSINESS [] EXISTING BUSINESS []

TYPE OF COMPANY: (Examples: Bank, Restaurant, Furniture Sales, Retail Store, Etc.) _____

COMPANY OWNER: _____ COMPANY OWNER: _____

ADDRESS: _____ ADDRESS: _____

CITY,STATE,ZIP: _____ CITY,STATE,ZIP _____

PHONE: _____ PHONE: _____

EMERGENCY KEYHOLDER PERSONNEL PHONE NUMBERS: (List in call out order)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

BURGLAR ALARM SYSTEM: () YES () NO (If yes, give the name, address and phone # of Company.)

NAME OF ALARM CO: _____ PHONE: _____

TYPE/LOCATION OF ALARMS IN BUILDING: _____

LIST ANY HAZARDOUS MATERIAL STORED/USED: _____

LIST ANY SPECIAL SAFETY/SECURITY CONCERNS FOR POLICE: _____

FILL OUT AND RETURN OR MAIL TO: SHOREWOOD POLICE DEPARTMENT, 903 W JEFFERSON ST, 60404

FOR OFC USE ONLY:

LRMS _____ WESCOM _____ TRAX _____



The Village of Shorewood is pleased to announce the BUSINESS HIGHLIGHT PROGRAM to PROMOTE and HIGHLIGHT businesses within the Village. The EXCITING NEWS about the Program is not only that the information received will assist the Economic Development Department in marketing the community through an up-to-date on-line Business Directory but that you, the business owner, will have an opportunity to PROMOTE and HIGHLIGHT your business FREE of charge by filling out one SIMPLE form.

To have your business included in the on-line Shorewood Business Directory, please complete the form below with the language you would like the Directory to reflect.

BUSINESS DIRECTORY ENTRY	
Company Name:	
Address:	Phone Number:
Web Address:	Fax Number:
Email Address:	
Category (use on-line directory categories):	
Description (actual preferred language) 255 character maximum:	
Contact Name and Title:	

*Questions? Please contact Kim Sharp in the Shorewood Economic Development Department at 815.725.2150, ext 57 or ksharp@vil.shorewood.il.us.

Return completed form to Fax: 815.744.6766, email above, or drop off at Shorewood Village Hall at One Towne Center Boulevard.