



VILLAGE OF HEBRON

P.O. BOX 372
HEBRON, ILLINOIS 60034
PHONE (815) 648-2353
FAX (815) 648-4385

BUSINESS REGISTRATION FORM

(Please print and return to Village Clerk when completed)

1	Name of Business:
2	Business Physical Address:
3	Business Mailing Address:
4	Owner(s) of Business:
5	Owner(s) Mailing Address:
6	Business FEIN # or Social Security #:
7	Primary Contact Person and Title in Case of Emergency:
8	Phone Number(s):
9	Secondary Phone Number(s):
10	Email:
11	Secondary Contact Person and Title in Case of Emergency:
12	Phone Number(s):
13	Type of Business:
14	Description/General Volume of any Flammable or Hazardous Materials Stored on Premises:
15	Days and Hours of Operation:
16	Number of Employees (maximum number on a shift or at any single time):
17	Name and Phone Number of Individual Completing this form:
18	Date Form is Completed: