

Coal City Business Registration
515 South Broadway Street
Coal City, IL 60416
Telephone: 815 634-8608, Fax: 815 634-2487
www.coalcity-il.com

Date: _____ PIN #: _____

Business Name: _____

Describe Business: _____

Business Address: _____

Mailing Address (If Different): _____

Business Phone #: _____ Business Fax #: _____

E-mail: _____

Website address: _____ Listing on Village's site Y N

Business Hours: _____

Alarm Type: Burglar Hold up/Panic Fire

Alarm Company: _____ Alarm Company Telephone #: _____

Business Manager: _____ Contact #: _____

Home Address: _____

Property Owner: _____ Contact #: _____

Home Address: _____

Key holder Name: _____ Telephone #: _____

What Fire Protection District? _____

Do you have another business within the Fire Protection District? Y N

If yes, list the name and address: _____

Do you have hazardous material on site? Y N If yes, describe: _____

Do you have a Knox Box installed? Y N Location: _____
(per Village Ordinance 05-29)

Please complete as applicable. The Village of Coal City will use this information as we begin gathering information concerning commercial occupancies within the Fire Protection District. It will allow the Fire Protection District to provide a better service to you, the merchant and a safer environment for our firefighters in the event that your occupancy would have a need for emergency services.

Completed by: _____