

LICENSE FEE

Under 35,000 sq. ft.: \$100.00

Over 35,000 sq. ft.: \$200.00

Fee after January 31: DOUBLED



NEW RENEWAL

LICENSE #:

Fire-Life Safety License Application

Municipal Code, Chapter 16

Incomplete applications will be returned to applicant

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 31 TO AVOID THE LATE FEE.

Fire Prevention Officers will be conducting inspections starting in February; no appointment will be necessary unless otherwise notified by the Fire Prevention Officer. All inspections will be conducted during your normal business hours. If it is more convenient for you to have an appointment, please call (815) 748-8457 to schedule your appointment.

Return ORIGINAL completed application with license fee to:

Finance Department City of DeKalb, 164 E Lincoln Highway, DeKalb, IL
60115 **MAKE CHECKS PAYABLE TO "CITY OF DEKALB"**

Application is hereby made for a Fire-Life Safety License for the period **May 1 through April 30**

BUSINESS INFORMATION (Please make any necessary changes – type or print clearly)

Company or Corporation Name:		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Business Name (DBA):			
Building Address:			
License Issued to:		Occupancy:	

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY

Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS

	Name	Mailing Address (Please include City/State/Zip in Address)
Business Owner & Phone #		Address: City, State, Zip Code:
Business Manager		Address: City, State, Zip Code:

LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED

Mail Correspondence (including renewal applications) to (check one):	<input type="checkbox"/> Business Owner/Corporate	<input type="checkbox"/> Business Manager
Licensing Dept.		

E-Mail address of contact person :	
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I agree that, if live entertainment is to be provided at the above referenced business establishment, a public service announcement will be made *not more than ten minutes prior to the start of a program* that clearly identifies all means of egress available.

I hereby certify that I am the owner of record, or authorized designee, for the above referenced business establishment and am making this application as said owner, or authorized designee. I agree to all applicable laws of this jurisdiction. Further, I, the undersigned, swear that the above information is correct and so hereby authorize the Fire Chief, or his/her designees, to make proper inspections of the above building.

SIGNATURE ✕

Print Name and Title:	Date:
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FOR CITY USE ONLY	
Date Payment Received: _____	Payment Stamp Here
Fee Paid: _____	Check #: _____ Cash: <input type="checkbox"/>

Questions about this form? Call (815) 748-2080

****THIS FORM MUST ACCOMPANY APPLICATION****

EMERGENCY CONTACT INFORMATION – BUSINESS		DEKALB POLICE & FIRE DEPARTMENT	
BUSINESS INFORMATION		FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer	
BUSINESS NAME _____		STANDPIPE LOCATION: _____	
BUILDING ADDRESS: _____		KNOX BOX LOCATION: _____	
PHONE (_____) _____			
DATE OF UPDATE: _____			
AFTER HOURS EMERGENCY CONTACT INFORMATION		OTHER FIRE DEPARTMENT INFORMATION:	
EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR) WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST			
<u>CONTACT #1</u>		ADDITIONAL INFORMATION	
NAME: _____		ALARM COMPANY NAME: _____	
HOME PHONE: (_____) _____		ALARM COMPANY 24 HOUR PHONE NUMBER: (_____) _____	
CELL PHONE/PAGER: (_____) _____		BUSINESS HOURS:	
<u>CONTACT #2</u>		MONDAY OPEN: _____ CLOSE: _____	
NAME: _____		TUESDAY OPEN: _____ CLOSE: _____	
HOME PHONE: (_____) _____		WEDNESDAY OPEN: _____ CLOSE: _____	
CELL PHONE/PAGER: (_____) _____		THURSDAY OPEN: _____ CLOSE: _____	
<u>CONTACT #3</u>		FRIDAY OPEN: _____ CLOSE: _____	
NAME: _____		SATURDAY OPEN: _____ CLOSE: _____	
HOME PHONE: (_____) _____		SUNDAY OPEN: _____ CLOSE: _____	
CELL PHONE/PAGER: (_____) _____		FOR POLICE DEPARTMENT USE ONLY	
<u>CONTACT #4</u>		<input type="checkbox"/> NEW STREET	
NAME: _____		<input type="checkbox"/> NEW CONSTRUCTION	
HOME PHONE: (_____) _____		<input type="checkbox"/> ESTABLISHED BUSINESS/NEW ADDRESS	
CELL PHONE/PAGER: (_____) _____		<input type="checkbox"/> NEW BUSINESS/ESTABLISHED ADDRESS	
		<input type="checkbox"/> NEW BUSINESS/NEW ADDRESS	
		<input type="checkbox"/> BUSINESS CLOSED	
		DATE RECEIVED: _____	
		BY TC#: _____	
		DATE CAD MODIFIED: _____	
		BY TC#: _____	
<p>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (Amy.Frantz@cityofdekalb.com) FAX: 815-748-2304</p> <p>IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2080.</p>			

