

**LICENSE FEE**

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

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

**Fee after January 31<sup>st</sup>: DOUBLED**☐ **2025 New Owner**

## 2025 Fire-Life Safety License Application

### Municipal Code, Chapter 16

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

**Return 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"**

BUSINESS INFORMATION		
Company or Corporation Name:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC	
Business Name (DBA):	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	
Local Business Address:	<b>Occupant Load:</b>	
License Issued to:		
Mail Correspondence (including license & renewal application) to <b>(check one)</b> :		
<input type="checkbox"/> Building Address <input type="checkbox"/> Owner Address <input type="checkbox"/> Manager Address		
BUSINESS OWNER INFORMATION		
Business Owner Name:		
Mailing Address:		
Phone Number:		
Email:		
MANAGER INFORMATION		
Business Manager Name:		
Mailing Address:		
Phone Number:		
Email:		
<b>NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH OUTSTANDING DEBT TO CITY</b>		
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax?		<b>YES                      NO</b>
Does this location have a kitchen and/or Ansul Hood System?		<b>YES                      NO</b>

**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.**

**AFTER HOURS EMERGENCY CONTACT INFORMATION****\*EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR)**

<b>CONTACT #1</b>	<b>CONTACT #2</b>
Name:	Name:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:

**BUSINESS HOURS:**

<b>Monday</b>	Open:	Close:
<b>Tuesday</b>	Open:	Close:
<b>Wednesday</b>	Open:	Close:
<b>Thursday</b>	Open:	Close:
<b>Friday</b>	Open:	Close:
<b>Saturday</b>	Open:	Close:
<b>Sunday</b>	Open:	Close:

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:** \_\_\_\_\_

Please keep this form on file and e-mail or fax updates to the Finance Department at [licensing@cityofdekalb.com](mailto:licensing@cityofdekalb.com) or fax (815) 748-2304. If you have any questions about this form and the information on it call the Finance Department at (815) 748-2080.



Scan the QR code  
to make a payment

**CITY USE ONLY**

License #: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ ☐ Cash ☐ Card Payment  
☐ UB ☐ MR ☐ BL ☐ BD