

Fee: \$ 25.00 Late Fee Assessment: \$75.00

IMPORTANT INSTRUCTIONS

To assure that the purpose and intent of the Swansea Zoning Code is achieved, it is important that non-residential uses of property in the Village be identified. Village ordinances require that such uses register annually with the Zoning Administrator no later than April 30th. **The fee for registration is \$25.00. Failure to comply is an ordinance violation and punishable as such with a late fee assessment of \$75.00.** Some of the information requested on the registration form can be helpful in protecting your business in the event of a fire or other emergency.

NAME OF OPERATING BUSINESS, ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address (If Different from Business address): \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

CLASSIFICATION: Please check the appropriate box below:

- Commercial use, retail                       Governmental use                       Commercial use, wholesale
- Commercial use, service                       Commercial use, industrial                       Educational use
- Charitable, not-for-profit organization                       Private club or lodge

Hours of Operation: Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

IS THIS BUILDING/PROPERTY:  Owned by the business owner or organization  Leased

If leased, please provide the following:

BUILDING OWNER'S NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How many separate buildings are occupied by this use on this property? \_\_\_\_\_

What is the total area occupied by this use? \_\_\_\_\_ Square feet

What percentage of the building(s) on this property is occupied by this use? \_\_\_\_\_ %

How many floors are occupied by this use? \_\_\_\_\_

Provide a brief description of the construction materials used in this building (for example, concrete block, wood frame, wood frame with brick veneer, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

How many individuals are normally employed by this use? \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

What is the maximum number of employees normally on site at any one time? \_\_\_\_\_

Is this business operated from your residential premises? \_\_\_\_\_

Describe in detail what this business or organization does and how it is operated:

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Do you handle, process, or prepare food or other products for consumption?  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Do you use or store any flammable, combustible, explosive, or otherwise hazardous liquids, gases, or other materials on this property?  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Is this use a business which is required to register under the State of Illinois Retailer's Occupation Tax Act, Service Occupation Tax Act, Use Tax Act, or any similar act?  Yes  No

If yes, identify the Act and your registration number along with the date of issue: \_\_\_\_\_

Is this business or its employees certified or licensed by any other law or agency?  Yes  No

If yes, identify the type of certification or license: \_\_\_\_\_  
\_\_\_\_\_

Is this business operating at more than one location in the Village of Swansea?  Yes  No

If yes, identify the other location(s): \_\_\_\_\_

Is this business operating at any other locations within the State of Illinois?  Yes  No

If yes, identify the other municipalities: \_\_\_\_\_  
\_\_\_\_\_

Provide any additional information or comments that you feel would be helpful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMERGENCY INFORMATION DATA FORM**

For those uses, which wish to utilize the Swansea Police Department's Emergency Information Data Form, please call the office and request a copy. This information is not mandatory and is provided by you at your option. The form is kept separate from this registration and will not be a matter of public record. It is utilized only by our Police and Fire Departments to facilitate emergency services for your property.

**BY MY SIGNATURE BELOW, I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT AS OF THE DATE ENTERED BELOW. I FURTHER CERTIFY THAT SHOULD ANY OF THE INFORMATION IN THIS DOCUMENT CHANGE SIGNIFICANTLY PRIOR TO ANNUAL REGISTRATION, I WILL IMMEDIATELY NOTIFY THE ZONING ADMINISTRATOR OF THOSE CHANGES.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED OR PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_