



**Planning & Development Department
Business Registration Application**

**Please Print and Complete the entire document
Incomplete applications will not be accepted
FEE: \$50**

Permit No: _____
Issue Date: _____

Applicant's Name			
Applicant's Address			
City	State	Zip Code	
Email Address			
Phone			
Driver's License Number	State Issued		

Owner's Name(s)			
Owner's Address			
City	State	Zip Code	
Email Address			
Phone			
Driver's License Number	State Issued		

Proposed Business Name	
Street Address	
Current Zoning of Property	
Will it require a zoning change	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Sq Footage of Bldg	
Approx No of Employees	

Please describe the nature of the business:

Type of Business Registration you are applying for:

<input type="checkbox"/> New Tenant	<input type="checkbox"/> Expanding Lease Space
<input type="checkbox"/> Existing Business, New Owner	<input type="checkbox"/> Same Business Owner, New Name

Have you registered a business with our department previously? _____

If so, please list the name of the business and include the approximate registration years:

CONTINUE

Question (Please mark Yes or No on each question below)	Yes	No
Are you enlarging an existing tenant space to combine suites or portions thereof?		
<i>If yes, provide a list of the spaces to be combined:</i>		
Will the structure be enlarged?		
<i>If yes, how many square feet will the structure be enlarged?</i>		
Will you be performing manufacturing on the property?		
<i>If yes, please describe what type of manufacturing shall be performed</i>		
Will you be performing treatment formulation/mixing/processing on the property?		
Will you be performing vehicle washing on the property?		
Will you be performing welding on the property?		
Will portions of the building/tenant space be used for storage?		
<i>If portions will be used for storage please answer the additional sub-questions below:</i>		
• <i>What materials will be stored?</i>		
• <i>How many sq ft will be used as storage?</i>		
• <i>How high will the materials be stacked?</i>		
• <i>Will the materials be stored in racks?</i>		
Will goods/merchandise be stored or displayed outdoors?		
<i>If yes, please include a description and site plan notating the description of merchandise, location and size</i>		
Will you store or handle more than five (5) gallons of flammable liquid on the property?		
<i>If yes, please specify the type of product and quantities (attach a list)</i>		
Will you handle any hazardous/toxic chemicals on the property?		
<i>If yes, please specify the type of product and quantities (attach a list)</i>		
Will combustible dust be generated?		
Will the building be equipped with a fire suppression system?		
Will a fire alarm be hardwired?		
Will food or beverage be manufactured or sold on the property?		
Will alcoholic beverages be sold for consumption on the property?		
Will sexually oriented business or adult entertainment be conducted on the property?		
Will message services or the use of entertainment devices be used at this location?		

CONTINUE

Will any permits, registrations, or authorizations be required from Federal, State or County Government(s)/Agency(ies) for any operations, business activity, materials or equipment used/stored on the property?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
If yes, please specify type of permit(s)/registration(s)/license(s)/authorization(s) are required	

I the undersigned to hereby certify that I have read and am aware of all the provisions and requirements on this business, as required by the Aurora Code of Ordinances. I further authorize the City of Aurora, acting through its employees, agents, and representatives, to enter and inspect these premises for the purpose of evaluating compliance with any permit issued as a result of this application.

I certify that the information contained in this application is true and correct to the best of my knowledge and abilities. I affirm that I am an authorized agent of the business making this application.

Signature: _____

Printed Name: _____ Date: _____

FOR OFFICIAL USE ONLY				
Department	Comments	Date	Approved	Denied
Administration				
Building				
Fire				
Health				
Planning				
Police				