

## **TOWN OF CICERO**

331 E. Jackson St. P.O. Box 650 Cicero, In 46034 317-984-5845 Office 317-984-5938 Fax

TO THE OWN THE WAY	BUSINESS REGISTRATION 317-984-5938 Fax www.ciceroin.org								
Please Select All That Apply			OFFICE USE ONLY						
Type of Business				Importa	nt Dates	F	Required Inspections		
☐ Home Based	□ Commerc	cial Location	Date Bus	iness Establis	shed:	_	Building Inspection		
☐ Temporary/ Seasonal	☐ Industrial Location		Date of Registration:		П	Fire and Safety			
Church / Religious	Non-Profit		Notes:		□	HAZMAT			
						Security/Police			
APPLICANT MUST COMPLETE THE FOLLOWING									
Property Owner:									
Address:									
City:					State:		ZIP Code:		
Telephone:		Fax:			E-mail:				
Business Owner:									
Address:									
City:					State:		ZIP Code:		
Telephone:		Fax:			Email:		L		
		BUSIN	NESS INFO	RMATION					
Business Name:									
Business Physical Address:									
City:					State:		ZIP Code:		
Business Mailing Address:									
City:					State:		ZIP Code:		
Telephone:		Fax:			Email:				
Buisness Web Address/URL:									
Description of Buisness Activities:									
Additiona	I State and/o	or Federal Licens	ses (i.e. C	ontractors,	Cosmetologis	ts, Realtors,	etc.)		
License Type:			License #	<sup>‡</sup> :		Exp. Date:			
cense Type:		License #:		Exp. Date:					
icense Type:		License #:		Exp. Date:					
	CER	TIFICATION AN	D NOTICE	OF INTENT	TO COMPLY				
I, the undersigned, hereby certify that I have completed the application to the best of my knowledge and have read and agree to abide by the ordinances set forth by the Cicero/Jackson Township Plan Commission and/or the Town of Cicero Codes of Ordinances.									
SIGNATURES									

Received By Owner/ Contractor/ Builder

## **Emergency Information**

APPLICANT MUST COMPLETE THE FOLLOWING							
Business Name:							
Business Address:							
Business P.O. Box:	City:						
Is the property owner the business owner/manager?		□ Yes	□ No				
After Hours/Emergency Contact List							
Name: Home Phone:							
Position:	Cell Pho	Cell Phone:					
me: Home Phone:							
Position:	Cell Pho	Cell Phone:					
Name:	Home Phone:						
Position:	Cell Phone:						
Alarm Information							
Alarm Company:							
Company Contact Number:							
Additional Alarm Information:							
HAZMAT Information							
Please list any chemicals, solvents or hazardous materials that are used and or stored on site:							
The above information will be used by the Cicero Fire Department and the Cicero Police Department for the purpose of emergency only. It is important to make sure that this information is kept up to date. A reminder will be sent in January of every year to update your Emergency Information sheet. Please make sure that if any changes are made during the year to contact the plan commission (317)984-5845 or fax the necessary information to (317)984-5938.							