

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1									
☐ CHANGES									
BUSINESS NAME	KOHLS - SEPHO	RA BEAUTY							
ADDRESS	1820 NW CHI	PMAN RD, LI	EES SUMI	MIT, MO 64081					
OWNER/OPERATOR NAME	William A Raı	ndolph, Inc.:			TELEPHONE	(847) 856-0123 Ext: 109			
ADDRESS	820 LAKESID GURNEE, IL Primary: (847 Cell: <no ce<="" td=""><td>60031) 856-0123 E</td><td></td><td></td><td></td><td>.00</td></no>	60031) 856-0123 E				.00			
EMERGENCY CONTACT INFORMATION									
NAME 1.	TELEPHONE								
2.									
3.									
4.									
LOSS REDUCTION TYPE									
☐ Occupancy ☐ Se	mi-Annual	☐ Annual	☐ Life S	afety 🔲	Sprinkler	☐ Hazardous Material Permit			
☐ Complaint ☐ Ex	plosive Storage	UST	☐ Post-I	ncident	Open Burning	☐ Other			
CLASS:	Map#:	PFA#:	KNOX BC	X: KN	OX LOCATION:	PERMIT #			
LOSS REDUCTION NARRATIVE									
☐ NO VIOLATIONS	☐ NO VIOLATIONS NOTED ☐ ALL VIOLATIONS RESOLVED								
ast Inspection 1st Inspection 2		2nd	nd Inspection 3rd Inspect		pection	on 4th Inspection			
INSPECTION	INSPI	ECTOR		OUTCOME	DATE				
Occupancy Inspection - Fire Craig Hill				Temporary C of O Friday, July 09, 2021		y 09, 2021			
Occupancy Inspection	n - Fire Craiç	g Hill		Passed	Wednesda	ay, October 06, 2021			

DATE OF REPORT	HNSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
October 06, 2021	Craig Hill	☐ Yes ☐ No	