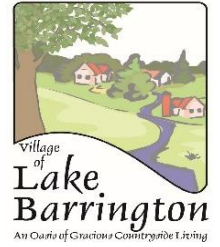


Village of Lake Barrington
NEW Business License Application
FY 2019-2020



Return your signed form along with payment to the Village of Lake Barrington in the amount of **\$100**. See Payment Page for payment options.

BUSINESS INFORMATION			
Name of Business			
D/b/a			
Address of Business			
Mailing Address			
List other locations: (Other locations in the Village are no charge)			
Website Address			
Business Phone Number		Fax Number	
Business Email Address		Cell Phone	
Contact Name & Title			
Type: <input type="checkbox"/> Sole Proprietorship (SP), <input type="checkbox"/> Club (C), <input type="checkbox"/> Partnership (P), <input type="checkbox"/> Corporation (Corp), <input type="checkbox"/> LLC (LLC), <input type="checkbox"/> Not for Profit (NFP)			
Illinois Sales Tax No. (IBT)			
Federal Tax ID Number (FEIN)			
Specify any planned changes to premises, i.e. new sign, add office, structural changes:			
Have you contacted the Building Permit Administrator regarding the proposed changes? <input type="checkbox"/> Yes or <input type="checkbox"/> No If no, please contact the Building Permit Administrator at (847) 381-6010, X105.			
Number of employees			
Total square footage			
Does your business, occupation, or activity:		Y	N
Sell alcoholic beverages on or off premises?			
Offer food services?			
Sell or offer prepared food for consumption on or off premises?			
Offer Amusement Devices?			
Have an alarm system?			
Other:			
Petition for Exempt Status Please check all that apply:		<input type="checkbox"/> Fiscal year Gross Sales Under \$1,000 <input type="checkbox"/> State Registered Not-For-Profit: Registration Number _____ <input type="checkbox"/> Other, please explain _____	
Does the business own the building? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, complete the following:			
Owner Name: _____			
Owner Address: _____			
Phone No. : _____ Email: _____			

Business Name _____

DESCRIPTION OF GOODS AND SERVICES

Please describe the goods and services which will be provided by your business if it is located within the Village of Lake Barrington.

This description will be reviewed by the Zoning Enforcement Official to determine if it is a permitted use within the applicable zoning district or whether or not you will be required to request zoning relief to establish this business at the location you propose.

The undersigned applicant does hereby state on oath that he or she knows the property and business to be in compliance with all of the ordinances of the Village of Lake Barrington and that he or she will continue to comply with the said ordinances as well as keep the property and business in compliance during the period of any license issued or during any time such business is open for business. It is further understood that the applicant is aware of the various permit regulations, sanitary regulations, sign regulations, lighting regulations, and other such regulations and will comply with these regulations for their property and business. The applicant further understands that they are to make every effort to maintain their business and surrounding property in a clean and litter-free state.

The applicant further agrees that the Primary Business Contact is an agent for the applicant for the purposes of receiving all notices and communications under the Village Licensing requirements. The applicant also agrees and understands that the Village shall not be limited or estopped to serve citations or process upon such persons and in such manner as permitted by law.

The applicant and the applicants' officers, principals, and agents understand and agree to all applicable provisions of the Village of Lake Barrington Licensing requirements, including the requirement that the applicant shall agree to permit authorized Village officials to make any necessary inspections to determine whether the applicant-licensee has complied with all regulatory requirements.

The applicant further states that the applicant has complied with all applicable federal and state laws and county and local ordinances applying to the business, occupation or activity sought to be licensed.

Failure to complete all aspects of this application including payment for said license and any outstanding fees due to the Village of Lake Barrington will void license request and require that no business be conducted until license approval has been given. Provide additional signature sheets if needed.

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that he or she is the duly-authorized agent of the Applicant and has the authority to execute this Application on behalf of the Applicant, that the business and premises of the Applicant are in compliance with all ordinances of the Village, and that the statements set forth in this Application are true and correct, except as to matters therein stated to be on information and belief and as to such matters, the undersigned certifies as aforesaid that he or she verily believes the same to be true.

Date of this application: _____, _____

Signature of Applicant if Sole Proprietorship

PARTNERSHIP:

Signatures of all Partners if a Partnership

Signatures of all Partners if a Partnership

Signatures of all Partners if a Partnership

CORPORATION:

Signature and Title of President or Vice President if Corporation

Signature of Corporate Secretary

LIMITED LIABILITY COMPANY:

Signatures of all Managers if an LLC

Signatures of all Managers if an LLC

Payment of License Fee

Please return this application with your \$100.00 check for the license fee to the address below by May 1, 2019. Make checks payable to the Village of Lake Barrington. Payment can also be made online at LakeBarrington.org. (Click "Make a Payment" button on left side of Home page). A 2.25% processing fee will be added to all credit and debit card payments with a minimum fee of \$1.00 for each transaction. This fee is charged by the credit card company, not the Village of Lake Barrington.

**VILLAGE OF LAKE BARRINGTON
ATTN: Office of the Village Clerk
23860 N. Old Barrington Road, Lake Barrington, Illinois 60010**

Mail your completed application to the Village, or you may fax (847-381-8557) or email it to lakebarrington@lakebarrington.org.

For inquiries, contact Lisa C. Pena-Tlapa, Village Clerk
Phone (847) 381-6010, X100 or Email - lpentlapa@lakebarrington.org

PAYMENTS RECEIVED AFTER MAY 31ST OF THE LICENSE YEAR WILL INCUR A \$100 LATE FEE

THANK YOU

VILLAGE OFFICE USE ONLY:

Business License Number: _____ Issued Date: _____ Paid \$ _____

PAYMENT: Cash _____ Check No. _____ Credit Card _____ ISSUED BY: _____

HAZARDOUS CHEMICAL STORAGE PERMIT & PLAN

**Please return to: Village of Lake Barrington, 23860 Old Barrington Road, Lake Barrington, IL 60010
(Please print or type all information)**

Do you have any Hazardous Chemical Substances from the attached list, which weigh more than ten (10) pounds or have a volume of more than five (5) gallons in any one single container on site?

No ___ Please complete Part I of this form and return this page to the Village of Lake Barrington.

Yes ___ Please complete Parts I & II and submit the completed packet with the following:

- A. Written employee practice and education procedures that is in place for all employees responsible for implementing this Spill Containment Plan.
- B. Process flow program. (Particularly processes which may be subject to Pretreatment Standards)

PART I

1. Business Name: _____

2. Address: _____

3. Contact Name: _____

Title: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

I hereby certify that the information given is true and accurate:

Completed by: _____

Printed Name: _____

Title: _____ Date: _____

PART II

4. Describe all Hazardous Chemical Substances which weigh more than ten (10) pounds or have a volume of more than five (5) gallons in any one single container on site.

Product Name	Storage Location: Inside or Outside	Quantity Volume or Weight	Spill Containment Method (i.e. diking, absorbents, etc.)

PART II continued

5. [REQUIRED] Explain how materials are handled, stored and disposed.
i.e. closed system, 5-gallon containers, tanks with pumps, picked up by service, etc.

6. [REQUIRED] Potential safety problems or hazards: i.e. fire, health, corrosive, radioactive, etc.

7. Recent/Proposed changes:

8. Description of Pollution Control equipment that may generate a waste stream, pollutants which are likely to be found in the waste stream and the discharge or disposal methods and location:

9. Deficiencies/Recommendations (Compliance with waste water discharge limitations, reporting requirements, self-monitoring requirements, etc.)

10. Sampling Locations:

11. Pretreatment Facilities: (including operating data)

12. Certified Operator Employed? Name _____ Date Certified _____	Yes	No	N/A
13. Periodic Compliance Report submitted?	Yes	No	N/A
14. Self-monitoring performed and reports submitted to Control Agency?	Yes	No	N/A
15. Management Plan submitted?	Yes	No	N/A
16. Sampling and Analysis done by: Identity _____ Control Authority _____	Yes	No	N/A
17. Sampling and Analysis Procedures in conformance with 40 CFR 136.3	Yes	No	N/A
18. Sampling date, time, exact location, method and name of person taking the sample(s) recorded?	Yes	No	N/A
19. Analysis date(s), time, individual performing analysis and analytical techniques/methods used/recorded?	Yes	No	N/A
20. Chain of custody procedures employed?	Yes	No	N/A
21. Q.C./Q.A. programs implemented?	Yes	No	N/A
22. Required reports signed by an authorized representative of the business?	Yes	No	N/A
23. Required reports retained for a minimum of three years?	Yes	No	N/A

Village Ordinance 13-8-9: GROUNDWATER PROTECTION REGULATIONS

CHEMICAL SUBSTANCE CONTROLS

Chemical Substance” means any “Extremely Hazardous Substance” listed in Appendix A of 40 C.F.R. Part 355; Any “Hazardous Substance” listed in 40 C.F.R. Section 302.4; any petroleum product including crude oil or any fraction thereof, and any of the following chemicals, metals and compounds:

1,1,1-TRICHLOROETHANE	DICHLOROMETHANE
1,1,2-TRICHLOROETHANE	DIELDRINDINOSEB
1,1-DICHLOROETHYLENE	DIQUAT
1,2,4-TRICHLOROBENZENE	ENDOTHALL
1,2-DICHLOROETHANE	ENDRIN
1,2-DICHLOROPROPANE	ETHYLBENZENE
2,4,5-TP (SILVEX)	ETHYLENE DIBROMIDE
2,4-D ALACHLOR (LASSO)	FLUORIDE
ALDICARB	HEPTACHLOR
ALDICARB SULFONE	HEPTACHLOR EPOXIDE
ALDICARB SULFOXIDE	HEXACHLOROBENZENE
ALDRIN	HEXACHLORO-CYCLOPENTADIENE
ANTI FREEZE	LEACHATE
ANTIMONY	MERCURY
ARSENIC	METHOXYCHLOR
ATRAZINE	MINERAL OIL
BARIUM	MONOCHLOROBENZENE
BENZENE	O-DICHLOROBENZENE
BENZO (A) PYRENE	OXAMYL (VYDATE)
BERYLLIUM	P-DICHLOROBENZENE
BHC-GAMMA (LINDANE)	PENTACHLOROPHENOL
CADMIUM	PICLORAM
CARBOFURAN	POLYCHLORINATED BIPHENYLS (PCB)
CARBON TETRACHLORIDE	SELENIUM
CHLORDANE	SIMAZINE
CHROMIUM	STYRENE
CIS	TETRACHLOROETHYLENE
1,2-DICHLOROETHYLENE CUTTING OILS	THALLIUM
CYANIDE	TOLUENE
DALAPON	TOXAPHENE
DI(2-ETHYLHEXYL) – ADIPATE	TRANS-1,2-DICHLOROETHYLENE
DI(2-ETHYLHEXYL) – PHTHALATE	TRICHLOROETHYLENEXYLENE
DIBROMOCHLOROPROPANE (DBCP)	