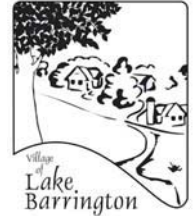


**Village of Lake Barrington  
Business License Application FY 2018-2019 NEW Business**

Return your signed form with a check made payable to the Village of Lake Barrington in the amount of **\$100** or see other side to pay by credit card.



<b>BUSINESS INFORMATION</b>			
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 Coordinator regarding the proposed changes? ____ Yes or ____ No If no, please contact the Building Permit Coordinator at (847) 381-6010.			
Number of employees			
Total square footage			
<b>Does your business, occupation, or activity:</b>		<b>Y</b>	<b>N</b>
Sell alcoholic beverages on or off premises?			If yes, please submit Liquor License Application.
Offer food services?			If yes, please submit Restaurant License Application.
Sell or offer prepared food for consumption on or off premises?			
Offer Amusement Devices?			If yes, please submit Amusement Device License Application
Have an alarm system?			
If yes, contact the Lake County Sheriff (847) 549-5200 for a Registration of Alarm System form. If no, contact the Lake County Sheriff (847) 549-5200 for a Keyholder Information form.			
<b>Other:</b>			
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	

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.**

Signature(s) of Applicant(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Please return this application with your \$100.00 license fee made payable to the Village of Lake Barrington to:  
VILLAGE OF LAKE BARRINGTON  
ATTN: Office of the Village Clerk  
23860 N. Old Barrington Road, Lake Barrington, Illinois 60010

To pay by credit card:  
 Mastercard     Visa     American Express     Discover

Credit Card Number \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_  
Exp Date MO/YR \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Or you may fax (847-381-8557) or email ([lakebarrington@lakebarrington.org](mailto:lakebarrington@lakebarrington.org)) your completed, signed application to the Village and provide your credit card information by telephone.

For inquiries, contact The Village Clerk  
PHONE (847) 381-6010 \* FAX (847) 381-8557 \* Email: [lakebarrington@lakebarrington.org](mailto:lakebarrington@lakebarrington.org)

<b>VILLAGE OFFICE USE ONLY:</b>		
Business License Number: _____	Issued Date: _____	Paid \$ _____
PAYMENT: <input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____	<input type="checkbox"/> Credit Card
		ISSUED BY: _____

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

## 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	0-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)	