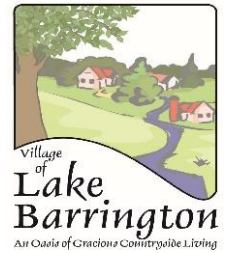


Village of Lake Barrington
RENEWAL Business License Application
FY May 1, 2019 - April 30, 2020



Return your signed form along with payment to the Village of Lake Barrington in the amount of **\$100**. See Page 3 for payment options.

Business Information			
Name of Business:			
D/B/A:			
Contact Name & Title:			
Address of Business:		Unit #:	
Mailing Address (if different):			
Website Address:			
Business Phone Number:		Fax Number:	
After Hours Cell:			
Business Email Address:			
Type: Sole Proprietorship (SP), Club (C), Partnership (P), Corporation (Corp), LLC (LLC), Not for Profit (NFP)			
Description of Business:			
Illinois Sales Tax Number (IBT):			
Federal Tax ID Number (FEIN):			
Number of employees:			
Does the business own the building? Yes ___ No ___ If no, complete the following:			
Owner Name: _____			
Owner Address: _____			
Phone No. : _____ Email: _____			
ALERT: If your business has ANY 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, see chemical list and complete hazmat materials storage permit found at www.lakebarrington.org (Forms and Fee schedule) or contact the Village at 847-381-6010, Ext. 100.			

Failure to complete all aspects of this application including payment for said license and any 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.

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

Provide additional signature sheets if needed.

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: _____

Sticker and receipt mailed _____