



**BARRINGTON**  
*Be Inspired.*

# Business Registration/Zoning Certificate Application

Development Services Department • 200 S. Hough Street, Barrington, IL 60010  
Phone (847) 304-3460 • Fax (847) 381-1056 • www.barrington-il.gov

A completed and approved application is required prior to the issuance of a Certificate of Occupancy, Building/Sign Permit, Architectural Review Commission approval or Establishment of a Home Occupation. An application fee of \$15.00 is required prior to issuance. Return this application to the Development Services Dept. A Retail Sales Tax ID Number is required for all retail businesses.

**All requested information must be provided, including the Property Owner's Signature, or the application will not be processed.**

Date of Application: \_\_\_\_\_ Application Fee: **\$15.00**

Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_ Suite/Unit & Floor #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Date Business was Established in Barrington: \_\_\_\_\_ Occupancy Status:  Owned  Leased

OR Anticipated Opening Date of Business: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Phone #: \_\_\_\_\_ Property Owner Email: \_\_\_\_\_

Total Gross Square Footage of Space:		# of Parking Spaces Provided:	
Maximum Number of Employees:		Hours of Operation:	
<input type="checkbox"/> Retail <i>(Retail Sales Tax ID # is required)</i>	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Office	<input type="checkbox"/> Service
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Other _____

### PROVIDE A SEPARATE WRITTEN DETAILED BUSINESS DESCRIPTION

*Description must include all services offered, products sold, business activities conducted, etc. at the proposed business.*

**APPLICATIONS SUBMITTED WITHOUT A DETAILED BUSINESS DESCRIPTION WILL NOT BE PROCESSED.**

Please provide the NAME and description of the PREVIOUS business at the above address, if known.

Are there any site or building alterations necessary or anticipated?  Yes  No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### \*\*OFFICE USE ONLY\*\*

LAND USE:	ZONING DISTRICT:	PARKING SPACES REQUIRED:
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Development Services Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Division Approval: \_\_\_\_\_ Date: \_\_\_\_\_