



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

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:
Development Services Approval:	Date:	
Fire Division Approval:	Date:	