



**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. 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: \_\_\_\_\_

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