



VILLAGE HALL
200 S. HOUGH ST.
BARRINGTON, IL. 60010
(847) 304-3400
BARRINGTON-IL.GOV

BARRINGTON

Be Inspired.

**EMPLOYER/EMPLOYEE PREMIUM PARKING LOT PERMIT APPLICATION
ANNUAL "A" PERMIT**

**VALID IN ALL ER/EE PREMIUM "A" LOTS, DISCOUNTED "B" LOTS,
AND DESIGNATED "B" AREAS**

YEAR ENDING: _____ FEE: \$160.00

THE ER/EE PERMIT IS NOT PERMITTED FOR THE USE OF COMMUTER PARKING.

Holders who use the permit for this purpose will be subject to a suspension
or revocation of the Employer/Employee Permit.

NAME OF BUSINESS: _____

CONTACT NAME AND TITLE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

EMAIL (Required): _____

This permit is valid in all ER/EE Premium "A" Lots, Discounted "B" Lots, and Designated "B" areas. This permit may only be used by CENTRAL BUSINESS DISTRICT employers and employees in conjunction with the respective downtown business. Your signature below certifies that you are an employer or designated employee of a qualifying business and that the permit(s) issued to you will be used in conjunction with that business.

EMPLOYER OR DESIGNEE SIGNATURE: _____

There will be a \$10.00 Service Charge for a replacement parking permit.

Please return this application with a check or money order made payable to the Village of Barrington, Village Hall, 200 S. Hough Street, Barrington, Illinois 60010, Attn: Service Desk.

PERMIT FEES ARE NON-REFUNDABLE. Parking is contingent upon the availability of spaces. Purchase of a parking permit does not guarantee or reserve space to the permit holder. Spaces shall be made available and utilized on a first-come priority basis. The use of all municipal off-street parking lots and designated on-street parking spaces operated by the Village of Barrington shall be subject to such regulations adopted by the Village Board as they deem necessary, and as such, regulations may be modified, amended or repealed from time to time. Overnight parking is not permitted in any Village of Barrington parking lot with this permit.

FOR OFFICE USE ONLY

DATE: _____ PAYMENT METHOD: _____ CR CODE P55 OR P55E

AMOUNT PAID: _____ ER/EE PERMIT #(s): _____ INITIALS: _____