

**VILLAGE OF LAKE BARRINGTON RESTAURANT LICENSE APPLICATION**  
**FY 2011-2012 RL# \_\_\_\_\_**

**Please answer ALL questions, SIGN the application on the last page and RETURN the application to the Village with the requested documentation and a check in the amount of \$100.00 made payable to the Village of Lake Barrington.**

Name of Business			
Name of Establishment			
Address of Establishment			
Mailing Address (if different from above):			
Business Telephone Number		Business Fax Number	
Business Email Address			
Website Address			
Illinois Sales Tax Number (IBT)			
Federal Tax Identification Number (FEIN OR SS)			
<b>Applicant Name</b>			
Applicant Address			
Applicant Telephone No.			
<b>If owner is a corporation or partnership, attach copy of State Registration and complete Registered Agent information.</b>			
<b>Owner Name*</b>			
Owner HOME Address			
Owner HOME Telephone No.			
<b>Registered Agent Name (If owner is a corporation or a partnership):</b>			
Registered Agent Address			
Registered Agent Business Telephone No.			
Registered Agent Telephone No.			
<b>Store or Restaurant Manager Name</b>			
Home Address			
Home Telephone Number			
The undersigned hereby makes application for a Restaurant License to operate:			
___ Restaurant (Fee \$100.00 per year)		___ Itinerant Restaurant (Fee \$5.00 per day)	
for the term ending April 30, 2012 and hereby certifies to the following facts:			
Is this an application for renewal of an existing license?		Yes ___ No ___	
Name under which business is to be conducted			
Illinois Municipal Retailers' Use and Service Occupation Tax Number registered to an address in the Village of Lake Barrington			

**GENERAL AGREEMENTS AND UNDERSTANDINGS**

The applicant hereby states that the applicant will not violate any of the laws of the State of Illinois or of the United States of America or any Ordinance of the Village of Lake Barrington in the conduct of the applicant's business conducted pursuant to any license issued hereunder.

The undersigned acknowledges that a separate license is required for the sale of alcoholic beverages. The undersigned acknowledges that a separate Business License is required.

**The undersigned acknowledges that said license is contingent upon the following agency approvals:**

- 1) Lake County Health Dept. **(Attach certificate of approval)**
- 2) Fire Department **(Attach certificate of approval)**

Please also attach the following:

- 1) **Certificate of Insurance**
- 2) **\*Copy of State Registration** if owner is a corporation or partnership

Date of this application: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant if Sole Proprietorship

\_\_\_\_\_  
Signatures of all Partners if a Partnership

\_\_\_\_\_  
Signature and Title of President or Vice President if Corporation

\_\_\_\_\_  
Signature of Corporate Secretary

**VERIFICATION**

STATE OF ILLINOIS            )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn upon oath, states that he has read the foregoing application for license and the answers to the above questions and knows the contents of said application, and that each of the statements in the said application contained are true in substance and in fact.

\_\_\_\_\_  
Signature of Applicant/Registered Agent

\_\_\_\_\_  
Title

SUBSCRIBED AND SWORN TO before me  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

RETURN APPLICATION TO: Village of Lake Barrington  
23860 Old Barrington Road  
Lake Barrington, IL 60010  
(847) 381-6010