

VILLAGE OF NORTH BARRINGTON

HOME OCCUPATION LICENSE APPLICATION

1. BUSINESS NAME: _____
2. ADDRESS: _____
3. TYPE OF BUSINESS: _____
4. NUMBER OF EMPLOYEES _____
5. NUMBER OF EMPLOYEES RESIDING ON THE PREMISIS THAT ARE NOT MEMBERS OF THE IMMEDIATE FAMILY: _____
6. ARE THERE ANY TOXIC/HAZARDOUS MATERIALS USED OR STORED ON PREMISES? YES _____ NO _____
7. IF YES, DESCRIBE TYPE AND QUANTITY _____

8. BUSINESS OWNER NAME: _____
ADDRESS: _____
TELEPHONE NO.: _____
EMAIL ADDRESS: _____
9. PROPERTY OWNER: (IF DIFFERENT THAN ABOVE)
NAME: _____
ADDRESS: _____
TELEPHONE NO.: _____
EMAIL ADDRESS: _____

The undersigned applicant hereby certifies that said applicant has reviewed the provisions of Title 10 Chapter 4 of the Village Code of the Village of North Barrington and further certifies that the home occupation for which this permit is requested will comply with all rules and regulations of the Village.

Signature of Applicant

Title

Date

Annual License Fee \$25.00

09/06/23