



Village of Round Lake

442 North Cedar Lake Road, Round Lake, IL 60073
847-546-5400 fax 847-546-5405
www.eroundlake.com

APPLYING FOR A BUSINESS LICENSE

SELECT A SITE AND CHECK THE ZONING

To begin the process please complete and return a Zoning Compliance Application. The application will be reviewed for zoning and land use regulations. Upon approval, the Business License Application and supporting documentation may be submitted for processing. If the proposed business is a Special Use, additional time must be allowed for the Special Use approval process prior to seeking other approvals.

SUBMITTAL

All items are required at time of application submittal. Incomplete applications will not be accepted.

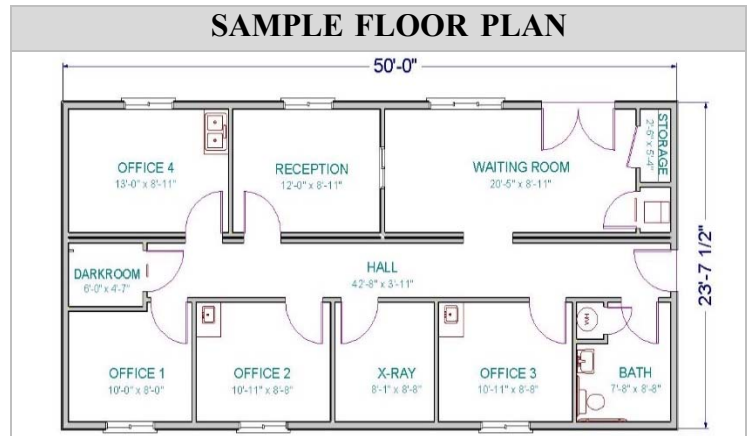
- Completed Business License Application;
- Copy of Federal Employer Identification Number (FEIN); (not required for Sole Proprietors)
- Copy of Sales Tax Certificate/ Retailers Tax;
- For Corporations and LLCs, Copy of Articles of Incorporation;
- For Sole Proprietors, Assumed Business Name Certificate from Lake County;
- For Partnerships, copy of partnership agreement;
- Proposed Floor Plan.

FLOOR PLAN

Floor plans (can be drawn by hand) must include the following;

- a. Labels and dimensions for all rooms;
- b. Locations of:
 - Counters
 - Desks
 - Doorways
 - Emergency Exits
 - Fire Alarms
 - Fire Extinguishers
 - Plumbing Fixtures
 - Security Cameras
 - Shelves
 - Tables
 - Windows

SAMPLE FLOOR PLAN



APPLY FOR A BUILDING/SIGN PERMIT

If you are doing any remodeling or installing a sign you must obtain a building permit. Please contact the Building Department at (847)546-0963 to apply for the necessary permits.

BUSINESS OCCUPANCY INSPECTION

Your Floor Plan will be reviewed and the Building Department will contact you to schedule a Business Occupancy Inspection. The Building Inspector and Fire Marshal will conduct a thorough inspection to ensure the building meets the current code standards. Business license will not be issued until inspection approval has been given.

When food service is involved, it is the applicant's responsibility to obtain the necessary permits from the Lake County Department of Health. The Business Occupancy Inspection may not be scheduled until the Health Department approval is received.

GRAND OPENING

Please notify the Village Clerk and/or the Deputy Clerk of the date and time of your Grand Opening Event. Depending on availability, Village Officials will gladly attend.



Village of Round Lake

442 N. Cedar Lake Road Round Lake, IL 60073
Ph. 847-546-5400 Fax 847-546-5405
www.eroundlake.com

BUSINESS ZONING COMPLIANCE

CHANGE OF LOCATION NEW BUSINESS STATE-LICENSED BUSINESS

BUSINESS INFORMATION

BUSINESS NAME (DBA): _____

PROPOSED ADDRESS: _____

PHONE: _____ BUSINESS FAX: _____

CURRENT USE: _____ PROPOSED USE: _____

UNIT SQUARE FOOTAGE: _____ OUTDOOR SEATING AREA: YES NO

NUMBER OF EMPLOYEES: _____ NUMBER OF SEATS (IF APPLICABLE): _____

BUSINESS OWNER INFORMATION

OWNER NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

DESCRIPTION OF BUSINESS/SERVICES (USE ADDITIONAL PAGE WHERE NEEDED)

PARKING DESCRIPTION

NUMBER OF DEDICATED PARKING SPACES ON SITE FOR YOUR SPACE? _____

NUMBER OF PARKING SPACES SHARED WITH OTHER BUSINESSES? _____

I HAVE READ THIS APPLICATION AND ANSWERED ALL QUESTIONS FULLY. THE INFORMATION I HAVE SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

FOR OFFICE USE

ZONING SUMMARY

Permitted Use

Not a Permitted Use

Special Use Required Special Use Received _____ / _____ / _____

Zoning Classification: _____

Signature of Zoning Administrator



Village of Round Lake

442 N. Cedar Lake Road, Round Lake, IL 60073

Ph. 847-546-5400 Fax 847-546-5405

www.eroundlake.com

APPLICATION FOR BUSINESS LICENSE

BUSINESS OWNER INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL ADDRESS:

BUSINESS INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

WEBSITE:

BUSINESS EMAIL:

PROPERTY OWNER INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL ADDRESS:

COMMUNICATION

I WOULD LIKE TO HAVE MY BUSINESS INFORMATION PUBLISHED ON THE LOCAL BUSINESS DIRECTORY ON THE VILLAGE'S WEBSITE.

TYPE OF BUSINESS ENTITY

CORPORATION

LIMITED LIABILITY COMPANY

PARTNERSHIP

SOLE PROPRIETOR

OTHER:

FOR SOLE PROPRIETORS

ASSUMED BUSINESS CERTIFICATE FROM LAKE COUNTY ATTACHED

YES

FOR PARTNERSHIPS

DATE OF FORMATION:

PARTNERSHIP AGREEMENT ATTACHED YES

APPLICANT INFORMATION PAGE COMPLETED AND ATTACHED FOR EACH PARTNER YES

FOR CORPORATIONS

NAME OF CORPORATION/ LLC:

DATE OF INCORPORATION:

ARTICLES OF INCORPORATIONS DEPICTING THE NAMES OF ALL STOCKHOLDERS, OFFICERS, DIRECTORS AND THEIR POSITIONS IS ATTACHED. YES

COIN OPERATED MACHINE SUMMARY

	MACHINE COUNT	PRICE	TOTAL
AMUSEMENT DEVICE (I.E. BILLIARD TABLES, DARTS)	#	(\$35 EACH)	\$
MUSIC DEVICE (JUKE BOX)	#	(\$25 EACH)	\$
LAUNDRY OR DRYCLEANER	#	(\$25 EACH)	\$
TOBACCO VENDING	#	(\$20 EACH)	\$
VENDING (I.E. FOOD/BEVERAGE, VACUUM/AIR, GUMBALL)	#	(\$10 EACH)	\$
VIDEO GAMING TERMINALS REQUIRE A SEPARATE APPLICATION		GRAND TOTAL	\$

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE CODES AND ORDINANCES, STATE AND FEDERAL LAW, AND THE RESULTS OF ANY INSPECTIONS REQUIRED BY ORDINANCE AT THIS TIME AND ANY FURTHER INSPECTIONS WHILE THIS LICENSE IS IN FORCE. I HAVE READ THIS APPLICATION AND ANSWERED ALL QUESTIONS FULLY. THE INFORMATION I HAVE SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE

FEE SUMMARY		STAFF APPROVALS	
ANNUAL BUSINESS LICENSE:	\$ _____	_____	ZONING APPROVAL
PARTIAL YEAR BUSINESS LICENSE:	\$ _____	_____	COMPLETED APPLICATION
OCCUPANCY INSPECTION:	\$ _____	_____	BUILDING DEPARTMENT APPROVAL
VENDING TOTAL:	\$ _____	_____	FIRE DEPARTMENT APPROVAL
		_____	HEALTH DEPARTMENT APPROVAL
TOTAL LICENSE FEE:	\$ _____		



Village of Round Lake

442 North Cedar Lake Road, Round Lake, IL 60073
847-546-5400 fax 847-546-5405
www.eroundlake.com

BUSINESS PLAN

The purpose of the Business Plan is to allow our various departments to get familiarized with your business and future development. Please type or print.

If starting a new business, please provide an introduction of yourself and any co-applicant(s) with an introduction of the type of business that is being proposed including the goal(s), and short-term objections.

If currently in business and expanding or re-locating to Round Lake, provide a brief history of the company and the impact it has had in other communities.

How will your business benefit our Village?

How do you plan to market your business?

What type of clientele would you like to attract?



Village of Round Lake

442 North Cedar Lake Road, Round Lake, IL 60073

847-546-5400 fax 847-546-5405

www.eroundlake.com

SECURITY INFORMATION

FOR POLICE DEPARTMENT USE IN THE EVENT OF AN EMERGENCY

BUSINESS INFORMATION

BUSINESS NAME:

BUSINESS ADDRESS:

BUSINESS PHONE:

TYPE OF BUSINESS:

HOURS OF OPERATION

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WILL THE LIGHTS REMAIN ON AFTER CLOSING? YES NO

ALARM COMPANY INFORMATION

TYPE OF ALARM(S): BURGLAR FIRE MEDICAL AUTOMATIC SPRINKLER

ALARM COMPANY NAME:

PHONE:

ADDRESS:

VIDEO SURVEILLANCE

INSIDE LOCATION:

OUTSIDE LOCATION:

GUARD ON PREMISES: YES NO

DAYS: S M T W T F S TIME:

HAZARDOUS MATERIALS ON SITE: YES NO

KEY HOLDER INFORMATION (IN CASE OF EMERGENCY)

NAME:

TITLE:

ADDRESS:

CELL PHONE:

ALT PHONE:

NAME:

TITLE:

ADDRESS:

CELL PHONE:

ALT PHONE:

NAME:

TITLE:

ADDRESS:

CELL PHONE:

ALT PHONE:

INDICATE THE LOCATION OF DOORS, WINDOWS, AND VIDEO SURVEILLANCE ON THE DIAGRAM BELOW.

