



Village of Round Lake

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ZONING COMPLIANCE FOR HOME OCCUPATIONS

NEW BUSINESS STATE-LICENSED BUSINESS

BUSINESS INFORMATION

BUSINESS NAME: _____

DBA: _____

SQUARE FOOTAGE: _____

SQ FOOTAGE OF BUSINESS: _____

OWNER INFORMATION

OWNER NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL ADDRESS: _____

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

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