

*Village of South Barrington*  
**Food and Beverage Establishment Certificate Application**

Business Name		Phone (at Business Location)	
Location Address	City	State	Zip
Mailing Address	City	State	Zip
Name of Owner		Business Phone	
Business Address	City	State	Zip
Name of Manager		Business Phone	
<b>Type of Business:</b> (Check all that apply)			
<input type="checkbox"/> Retail Food Sales (Grocery/Bakery)	<input type="checkbox"/> Preparation of food for consumption by general public	<input type="checkbox"/> Preparation of food for consumption by employees, students, members or guests	<input type="checkbox"/> Alcoholic beverage sales
<b>Business Organization:</b>			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other-Specify	
Federal Taxpayer ID Number:			
Illinois Business Tax Number:			
Prepared Food & Beverage Tax: Are you subject to the South Barrington Food & Beverage Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section below:			
Individual who will prepare Food & Beverage Tax Returns:		Phone	
Name		Fax	
Address		E-Mail	
City/State/Zip			
<b>Attach to this form:</b>			
<input type="checkbox"/> Illinois Business Registration Application Form REG 1 and attachments			
<input type="checkbox"/> Illinois Business Tax Number notification from Illinois Department of Revenue (Form IDOR-50-A)			
<input type="checkbox"/> Check payable to Village of South Barrington in the amount of \$120 for annual Health Department Inspection Fee			

I declare that the statements contained herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature of Owner/Manager/Authorized Agent      Print or Type Name      Date: \_\_\_\_\_

Approved by the Village of South Barrington:	
_____ Signature and Title	Date: _____ <input type="checkbox"/> Certificate of Occupancy Issued

**Return to:**  
**Village of South Barrington, Attn: Treasurer Office, 30 S. Barrington Rd, South Barrington, IL 60010**