

---

## PROCEDURE FOR BUSINESS LICENSE/REGISTRATION IN LAKEMOOR

- 1) If you are a new business in Lakemoor, please contact the Community and Economic Development Department to determine if your use is permitted at your specific location. If use is permitted, follow step #2. If use is not permitted or requires a Special Use permit, follow step #6.
- 2) If your business proposes selling and/or serving alcohol, please contact Todd Weihofen at (815)-385-1117 for liquor license requirements.
- 3) If your business proposes selling and/or serving food, please contact the Lake County Health Department at (847)-377-8040 or McHenry County Health Department at (815)-459-5151 for requirements.
- 4) If your business requires alterations or improvements (structural, plumbing, electrical, etc.), please complete the attached business license forms and submit to Village Hall. After zoning approval, applicant can apply for a building permit. Building inspections can be scheduled through Village hall. Please call 48 hours in advance of requested inspection time. Inspections are conducted Monday - Friday between 8:30 a.m. - 3:30 p.m.
- 5) Completed forms can be e-mailed directly to **villagehall@lakemoor.net**. Once approved you will be contacted with the fee amount. The fee can be paid by cash, check, or credit card. Please make checks payable to: *Village of Lakemoor*.
- 6) Businesses that are not permitted or that require a Special Use Permit will need to receive approvals prior to occupancy allowance. The application process for businesses requiring a Special Use Permit is approximately 60 days. Contact the The Village Administrator at (815)-385-1117 to arrange for a pre-application meeting.

**PLEASE NOTE: THE VILLAGE OF LAKEMOOR WILL BE CONDUCTING BRIEF BUSINESS COMPLIANCE INSPECTIONS THIS YEAR FOR ALL BRICK AND MORTAR BUSINESSES .**

All business compliance inspections will be conducted Monday - Friday 9 a.m. to 4 p.m.  
If your business hours fall outside of these hours, please contact Village Hall to schedule an inspection.



28581 IL Route 120  
 Lakemoor, IL 60051  
 Phone: (815) 385-1117  
 Fax: (815)-385-8206  
 villagehall@lakemoor.net  
 www.lakemoor.net

**BUSINESS LICENSE & OCCUPANCY APPLICATION**

Check one of the following:

- |                                                                                         |                                                                                     |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="radio"/> Existing Building: <i>Current Tenant, NO Alterations</i>          | <input type="radio"/> Existing Building: <i>New Tenant, NO Alterations</i>          |
| <input type="radio"/> Existing Building: <i>Current Tenant, Alterations to Building</i> | <input type="radio"/> Existing Building: <i>New Tenant, Alterations to Building</i> |
| <input type="radio"/> Existing Building: <i>Name/Ownership Change ONLY</i>              | <input type="radio"/> NEW Building: <i>New Occupant</i>                             |

Other: \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

- Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_
- Business Owner: \_\_\_\_\_ Business Email: \_\_\_\_\_
- Mailing Address (if different from business address): \_\_\_\_\_
- Choose One:  Single Ownership  Partnership  Corporation  Joint Venture  Other: \_\_\_\_\_
- Property Owner Name: \_\_\_\_\_ Phone#: \_\_\_\_\_
- Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_
- Type of business use (*BE SPECIFIC*) – i.e. office/warehouse, type of service, retail and/or manufacturing, what products are sold and/or produced?  
 \_\_\_\_\_

8. Employee/Building Data:

Number of Employees	
Number of Bathrooms on Premise	
Number of Exits	
Total Square Footage of the Space	
Total # of Gaming Machines	
Total # of Amusement Devices/Vending Machines	

- Will vehicles be parked on site?  YES – IF Yes, Where? \_\_\_\_\_  NO
- Will hazardous chemicals/materials be stored on site?  YES  NO  NO  
 If YES, list **ALL** items: \_\_\_\_\_

Please initial to acknowledge the following:

- \_\_\_\_\_ Permit is required for parking lot sealing/re-striping (*ADA regulations must be followed*)
- \_\_\_\_\_ Permit are required for changes to rooftop mechanical units.
- \_\_\_\_\_ Permanent & Temporary Signs require a permit (including banners, etc.)
- \_\_\_\_\_ Outdoor Storage is NOT permitted
- \_\_\_\_\_ All Dumpsters must have lids and/or be enclosed in approved enclosed area per Village Ordinance
- \_\_\_\_\_ RPZ (backflow preventers) shall be certified annually and copies of the reports sent to [roberta@lakemoor.net](mailto:roberta@lakemoor.net)

*NO BUSINESS SHALL BE OCCUPIED WITHOUT A CERTIFICATE OF OCCUPANCY AND BUSINESS LICENSE ISSUED BY THE VILLAGE OF LAKEMOOR. FAILURE TO OBTAIN CERTIFICATE AND/OR BUSINESS LICENSE MAY RESULT IN FINES AND/OR BUSINESS CLOSURE.*

\_\_\_\_\_  
 Signature – Business Owner\Agent (responsible for above items)      Printed Name – Business Owner/Agent      Date

OFFICE USE ONLY: ZONING SIC# \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

\_\_\_\_\_  
 BUILDING AND ZONING SIGNATURE      DATE



VILLAGE OF LAKEMOOR

COLIN MCINTYRE
MAYOR

28581 IL Route 120
Lakemoor, IL 60051
Phone: (815)385-4111
Fax: (815)385-2250

Key Holder Information Form

Must be completed and returned before any Business License will be issued.

US Mail

Fax

Email

Lakemoor Police Department

28581 Illinois Route 120

Lakemoor, IL 60051

Attn: Emergency Communications

or (815) 385-2250

or jmarquez@lakemoor.net

Please complete the information below for Key Holder and/or Emergency Contact information.

Property Owner Name:
Property Management Company Name:
Name of Homeowner and/or Business:
Homeowner/Business Address: Suite/Apt#:
City: State: Zip Code:
Home/Business Phone#: Cell Phone#
Direct Phone# (to bypass any automated prompt(s)):
Primary Email: 2nd Email:

Homeowners must provide Driver's License Information & Businesses must provide Business Tax ID#

Driver's License#: Business Tax ID#:

Indicate any information that would benefit police, fire, or rescue in responding to your residence and/or business (disabilities, specific directions, date instructions, etc.)

Blank lines for providing additional information.

Homeowners and/or Businesses with multiple alarm locations must complete a separate form for each alarm location.

Alarm Company Name:
Alarm Company Phone#:

List Contacts for after-hour emergencies in the specific order you want them called:
IMPORTANT to list ONLY contacts who have access to the home/business and alarm codes.

1. Phone: Cell:
2. Phone: Cell:
3. Phone: Cell:



PUBLIC WORKS DEPARTMENT  
Public Works Division

333 Wegner Road  
Lakemoor, Illinois 60051  
Phone: (815) 385-1117

Fax: (815) 385-8206  
www.lakemoor.net

### INDUSTRIAL WASTEWATER QUESTIONNAIRE

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of business activity at this location: \_\_\_\_\_

Are raw materials used? Yes  No  If yes, please describe: \_\_\_\_\_

List all North American industry classification system numbers (SIC Numbers): \_\_\_\_\_

# of Employees: \_\_\_\_\_ Days of operation: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Does this facility generate any wastewater from the manufacturing process? Yes  No

If yes, please provide description of wastewater discharge. \_\_\_\_\_

Does this facility operate a pretreatment process or device used for treating the wastewater prior to discharge into the sewer? Yes  No

If yes, please describe the process: \_\_\_\_\_

Quantity of storage of liquid in drums, totes, or bulk tanks: \_\_\_\_\_

Name and Title of Person completing this report: \_\_\_\_\_

-----**(OFFICE USE ONLY)**-----

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Further action necessary: \_\_\_\_\_



## UTILITY BILLING ACCOUNT APPLICATION

**PROPERTY SERVICE ADDRESS**

Street Address:		Unit #:
City:	State: IL	Zip:

**PROPERTY OWNER**

Name (Last, First):	Home Phone:
Email:	Cell Phone:
Previous Lakemoor Utility Billing Customer? <input type="radio"/> YES <input type="radio"/> NO	Work Phone:
Mailing Address (if different):	Unit #:
City:	State: _____ Zip: _____

“Can we sign you up for the free official Village e-newsletter and Alerts?”  YES  NO

**OCCUPANCY INFORMATION**

Date to Start Service:	Is this property <input type="radio"/> Owner Occupied or <input type="radio"/> Rental?
IF RENTAL PROPERTY*	
Tenant Name (Last, First):	Tenant Phone:
Party to be billed: <input type="radio"/> Owner <input type="radio"/> Tenant	Tenant Email:

\*Pursuant to Village regulation, the property owner and any tenants are jointly liable and agree to pay the Village of Lakemoor as prescribed in the effective Village rate schedules and to comply with all applicable Village ordinances related to water matters.

**IDENTIFICATION AUTHENTICATION**

<b>Primary Account Holder</b>	
Name (Last, First)	<input type="radio"/> Driver's License <input type="radio"/> State ID <input type="radio"/> Passport
Last four digits of government issued ID: _____	
<b>Additional Authorized Parties (Optional)</b>	
Name (Last, First)	<input type="radio"/> Driver's License <input type="radio"/> State ID <input type="radio"/> Passport
Last four digits of government issued ID: _____	
Name (Last, First)	<input type="radio"/> Driver's License <input type="radio"/> State ID <input type="radio"/> Passport
Last four digits of government issued ID: _____	

**AGREEMENT**

I hereby certify that the information provided is complete and accurate to the best of my knowledge. I/We understand and agree to the above conditions, which will remain in force until the Village receives written notice to terminate the above service.

Account Holder Signature: _____	Date: _____
---------------------------------	-------------

**INTERNAL USE ONLY**

Date Application Received: \_\_\_\_\_ ID Verified by Staff: \_\_\_\_\_ Processed: \_\_\_\_\_