



BUSINESS LICENSE APPLICATION PACKET

LICENSES

Failure to complete the required fields may delay your application and/or result in denial.

PER TITLE 5 OF THE COLLINSVILLE MUNICIPAL CODE, ALL PERSONS OPERATING A BUSINESS IN THE CITY OF COLLINSVILLE ARE REQUIRED TO LICENSE THEIR BUSINESS WITH THE CITY, WITH THE EXCEPTION OF THOSE BUSINESSES OR OCCUPATIONS SPECIFICALLY EXEMPTED BY STATE OF ILLINOIS STATUTES.

ALL BUSINESSES ARE REQUIRED TO RENEW THEIR LICENSE OR REGISTRATION ON AN ANNUAL BASIS. THE CITY WILL SEND RENEWAL INFORMATION 30-60 DAYS PRIOR TO EXPIRATION. HOWEVER, FAILURE TO RECEIVE NOTIFICATION FROM THE CITY DOES NOT RELEASE THE BUSINESS OWNER OF HIS/HER OBLIGATION TO RENEW AND PROVIDE THE REQUIRED INFORMATION. ALL CHANGES IN OPERATION, LOCATION, NAME, MANAGEMENT OR OWNERSHIP OF THE BUSINESS MUST BE REPORTED.

THE ANNUAL FEE OF \$25 MUST BE PAID BEFORE THE LICENSE IS ISSUED. SEPARATE LICENSES MAY BE REQUIRED FOR BUSINESSES OPERATED WITHIN THE SAME BUILDING.

A LICENSE MAY BE SUSPENDED OR REVOKED UPON FRAUD, MISREPRESENTATION, OR FALSE STATEMENT IN THE APPLICATION, VIOLATION BY THE LICENSEE OF ANY CITY ORDINANCE, CONVICTION OF CERTAIN FELONIES AND MISDEMEANORS, FAILURE OF THE LICENSEE TO PAY ANY FINE, PENALTY, JUDGMENT OR LIEN OWED TO THE CITY, REFUSAL TO ALLOW REQUIRED INSPECTIONS, OPERATION OF A BUSINESS CONSIDERED A NUISANCE, OR FOR ANY OTHER VIOLATION OF ANY CITY ORDINANCE, RESOLUTION OR REGULATION.

IN ADDITION TO THE BUSINESS LICENSE/REGISTRATION REQUIREMENTS, THE FOLLOWING PERMITS/INSPECTIONS MAY BE NEEDED BEFORE THE BUSINESS CAN BE OPERATED IN THE CITY OF COLLINSVILLE:

- BUILDING, REMODELING, ELECTRICAL, PLUMBING, HVAC– CONTACT BOB BOHNENSTIEHL AT 346-5200 EXT. 130
- INSTALLING OR CHANGING THE FACE OF A SIGN – CONTACT ERIN NOLTE AT 346-5200 EXT. 128
- FIRE INSPECTION – CONTACT THE FIRE DEPARTMENT – PAT NELSON AT 346-5022 EXT. 141
- MECHANICAL AMUSEMENT DEVICES (ARCADE GAMES), MECHANICAL MUSICAL DEVICES (JUKEBOXES), CIGARETTE VENDING MACHINES – CONTACT LINDA MCDOWELL AT 346-5200 EXT. 110
- LIQUOR LICENSE – CONTACT CHERYL BROMBOLICH AT 346-5204.

*City of Collinsville
125 South Center
Collinsville, IL 62234
618-346-5200 EXT. 128
618-346-1662 fax*

CITY OF COLLINSVILLE

BUSINESS LICENSE APPLICATION

TO ENSURE PROMPT PROCESSING OF THIS APPLICATION, PLEASE ANSWER ALL QUESTIONS. IF A QUESTION DOES NOT APPLY, WRITE N/A.
INCOMPLETE APPLICATIONS WILL DELAY APPROVAL OF THE BUSINESS LICENSE AND MAY RESULT IN DENIAL OF THE APPLICATION.

SECTION ONE: Business Information	
BUSINESS NAME:	BUSINESS PHONE:
DBA:	SEND RENEWAL & LICENSE INFORMATION TO: ____ PHYSICAL LOCATION ____ MAILING ADDRESS
PHYSICAL ADDRESS OF BUSINESS: Collinsville, IL 62234	MAILING ADDRESS: (if different)
SECTION TWO: Owner Information (Please complete either "A" or "B" below.)	
A. If the business is owned by an individual, complete this section:	
FULL NAME:	PHONE: (at least one phone number is <u>required</u>) Home: _____ Cell: _____
BIRTHDATE:	Work: _____
ADDRESS: (Address, City, State, Zip)	FEIN OR SOCIAL SECURITY NUMBER: STATE OF ILLINOIS RETAILERS TAX NO. (IBIT):
B. If the business is owned by a corporation, complete this section:	
NAME OF CORPORATION:	BUSINESS ADDRESS: (Address, City, State, Zip) PHONE:
FULL NAME & TITLE OF CONTACT PERSON:	FEIN:
BIRTHDATE:	STATE OF ILLINOIS RETAILERS TAX NO. (IBIT):
SECTION THREE: On-Site Manager Information (Please list the person responsible for managing the licensed location.)	
FULL NAME:	PHONE: (at least one phone number is <u>required</u>) Home: _____ Cell: _____
BIRTHDATE:	
HOME ADDRESS: (Address, City, State, Zip)	
SECTION FOUR: Property Owner Information (If the property is leased, please provide the following.)	
PROPERTY OWNER NAME:	ADDRESS & PHONE:
DO YOU HAVE ARCADE GAMES, JUKEBOXES, OR CIGARETTE MACHINES AT THIS LOCATION? ____ YES ____ NO	
If yes, please contact Linda McDowell at 618-346-5200 ext. 110 for mechanical and amusement device permit information.	
SECTION FIVE: Required Signatures	
BY SIGNING BELOW, I HEREBY CERTIFY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WILL COMPLY WITH APPLICABLE CITY OF COLLINSVILLE ORDINANCES CONCERNING THE OPERATION OF A BUSINESS IN COLLINSVILLE. I UNDERSTAND THAT ANY CHANGES IN ADDRESS, NATURE OF BUSINESS OR DISCONTINUATION OF BUSINESS MUST BE REPORTED TO THE CITY. FURTHER, I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION ON THIS APPLICATION MAY RESULT IN THE REVOCATION OF THE BUSINESS LICENSE BY AUTHORITY OF THE CITY MANAGER.	
OWNER SIGNATURE: (<u>required</u> if individually owned)	DATE:
PRINTED NAME & TITLE OF AUTHORIZED PERSON: (title <u>required</u>)	PHONE NUMBER (if not already provided):
SIGNATURE:	DATE: