

### City of Collinsville

City Services Department 125 South Center Street, Collinsville, IL 62234 (618) 346-5200 x1129 • www.collinsvilleil.org

### Commercial Business License Application Checklist & Guide

City of Collinsville Commercial Business License Application
City of Collinsville Emergency Contact Form
Copy of valid County Health Certificate (for all food establishments)
\$50.00 Application Fee
Commercial Occupancy Permit (Application or Valid Permit Number)

#### **City Requirements**

Business License: All businesses operating in a commercial location (except for non-profits, civic, or fraternal organizations and those exempt by Illinois Statute) are required to have a valid Business License with the City of Collinsville. The Business License must be renewed on an annual basis and has a fee of \$50. Attached is the Business License Application and Emergency Contact Form. For questions regarding the City's Business License Application or Emergency Contact Form, please contact Sunny Tonellato (618) 346-5200 ext 1206 or <a href="mailto:story">story</a> Business License Application or Emergency Contact Form, please contact Sunny Tonellato (618) 346-5200 ext 1206 or <a href="mailto:story">story</a> Story Business License Application or Emergency Contact Form, please contact Sunny Tonellato (618) 346-5200 ext 1206 or <a href="mailto:story">story</a> Story Business License Application or Emergency Contact Form, please contact Sunny Tonellato (618) 346-5200 ext 1206 or <a href="mailto:story">story</a> Story Business License Application or Emergency Contact Form, please contact Sunny Tonellato (618) 346-5200 ext 1206 or <a href="mailto:story">story</a> Story Business License Application or Emergency Contact Form, please contact Sunny Tonellato (618) 346-5200 ext 1206 or <a href="mailto:story">story</a> Story Business License Application or Emergency Contact Form, please contact Sunny Tonellato (618) 346-5200 ext 1206 or <a href="mailto:story">story</a> Story Business License Application or Emergency Contact Form, please contact Sunny Tonellato (618) 346-5200 ext 1206 or <a href="mailto:story">story</a> Story Business License Application or Emergency Contact Form, please contact Sunny Tonellato (618) 346-5200 ext 1206 or <a href="mailto:story">story</a> Story Business License Application or Emergency Contact Form or <a href="mailto:story">story</a> Story Business License Application or Emergency Contact Form or <a href="mailto:story">story</a> Story Business License Application or <a href="mailto:story

Occupancy Permit: A valid Commercial Occupancy Permit is required any time there is a change of ownership or occupancy in a commercial location. Additionally, if any renovations are to be completed at the location, a Building Permit may also be required. For more information or questions regarding the City's Occupancy and Building Permit requirements, please contact Dylan Stock, Lead Building Inspector, at 618-346-5200 ext 1130 or dstock@collinsvilleil.org.

Zoning: The City of Collinsville has a variety of zoning districts which help determine where certain uses are appropriate within the City. Even if a location appears commercial, it may not be properly zoned for your business. The City highly recommends confirming the zoning with our Community Development Department before signing a lease or purchasing a property for your business. For more information or questions regarding the City's zoning requirements, please contact Caitlin Rice, Senior Planner, at 618-346-5200 ext 1138 or seniorplanner@collinsvilleil.org.

**Food & Beverage Tax:** In January of 2018 the City adopted Ordinance 18-10, establishing a 1% Food and Beverage Tax as an effort to assist funding the City's Park and Recreation Department. This requirement applies to all establishments that prepare food and beverage for immediate consumption by the public, including mobile food vendors and caterers. Visit <a href="http://www.collinsvilleil.org/LocalTaxPayments">http://www.collinsvilleil.org/LocalTaxPayments</a> or call (618) 346-5200 ext 1142 for assistance in remitting your City of Collinsville Food and Beverage Tax.

**Liquor, Video Gaming, Entertainment Devices, and Vending:** Additional permits and licenses are required for the aforementioned items. Please contact Kim Wasser, City Clerk, at (618) 346-5200 ext 1113 or <a href="mailto:cityclerk@collinsvilleil.org">cityclerk@collinsvilleil.org</a> for additional information.

#### County Requirements\*

**Madison County:** The Madison County Health Department requires all food establishments to have a Food Establishment Permit. Please contact Environmental Health Services at (618) 296-6079.

St. Clair County: The St. Clair County Health Department requires all food establishments to have a Food Establishment Permit. Please contact St. Clair County Environmental Services at (618) 233-7703 or scchdinfo@co.st-clair.il.us.

\*The City of Collinsville is located within two counites. Health Department approval is required for the county the business will operate in.

#### **State Requirements**

The State of Illinois requires businesses to register, too. Visit <a href="https://tax.illinois.gov/businesses/registration.html">https://tax.illinois.gov/businesses/registration.html</a> for more information.



# City of Collinsville APPLICATION – COMMERCIAL BUSINESS LICENSE City Services Department 618.346.5200

	Case #	
	Fee Due	\$50.00
Business Section:		
Business Name:B	usiness Phone:	
Business Location:		
DBA:		
Business Type & Description:		
Is this business a Food Establishment?YES*NO		
*If yes, check ALL kitchen equipment that is/will be used in your business (	Note a grease interc	e <u>ptor</u> may be required):
Stove Top Flat Top Pizza Oven	Deep Fryer	Hood System
FEIN & State of Illinois Retailer's Tax No.:		
Do you have arcade games, jukeboxes, and/or cigarette machines at t	this location?YE	ES*NO
*If yes, please contact Kim Wasser at 618-346-5200 ext. 1113 for mechanic	cal/amusement devi	ce permit information.
Mailing/Primary Contact Section:		
Mailing Name:	Phone:	
Mailing Address (all correspondence sent here):		
Email:		
Business Owner Section:		
Business Owner Name:	Phone:	
Business Owner Address:		
Email:		
Corporate Contact Section:		
Corporate Name:	Phone:	
Corporate Address:		
Email:		
On-Site Manager Section:		
Manager Name:	Phone:	
Manager Address:		
Email:		
Property Owner Section:		
Property Owner Name:	Phone:	
Property Owner Address:		
Email:		
Authorization Section:		
By signing below, I hereby certify that the statements on this application are true and and that I will comply with applicable City of Collinsville Illinois ordinances concernin I understand that any changes in address, nature of business or discontinuation of business and that any misrepresentation or omission on this renewal may result in the City Manager.	g the operation of a bus	siness in Collinsville. ed to the City. Further,
Owner/Authorized Agent Signature	Date	e



# City of Collinsville EMERGENCY CONTACT FORM - COMMERCIAL BUSINESS City Services Department 618.346.5200

Business Section:		
Business Name:	Business Phone:	
Business Location:		
DBA:		
Business Type & Description:		
Emergency Contact #1 Section:		
Contact #1 Name:		
Mailing Address:		
Email:		
Emergency Contact #2 Section:		
Contact #2 Name:	Phone:	
Mailing Address:		
Email:		
Safety Features Section:		
Do you have a burglar alarm system:	YES*NO	
*Alarm Company Name:		
*Alarm Company Phone #:		
Do you have a fire alarm system:	YES*NO	
*Alarm Company Name:		
*Alarm Company Phone #:		
Do you have an automatic fire sprinkler system:	YES* NO	
*Sprinkler Company Name:		
*Sprinkler Company Phone #:		
Do you have a kitchen hood fire suppression system:	YESNO	
Do you have a Knox Box:	YES*NO	
*Knox Box location:		
Do you use/store flammable, combustible, and/or hazardo		
•	YES*NO	
*List materials:		
Is there one or more residential unit(s) attached to this co	ommercial location?	
	YES NO	
Owner/Authorized Agent Signature	Date	_
<u> </u>	<del></del>	_



## City of Collinsville APPLICATION FOR COMMERCIAL OCCUPANCY INSPECTION

**Department of Community Development** 

Building Division (618) 346-5200 Ext. 1143 srobinson@collinsvilleil.org

Commercial TYPE "C" PERMIT FEE......\$

Parmit Eggs O to 1 000 savers for	
	t - \$50.00 // 4,001 to 20,000 square feet - \$60.00
PROPERTY TO BE INSPECTED	00 // \$2 per 10,000 square feet over 20,000 square feet  D: (One Unit Per Application)
	· · · · · · · · · · · · · · · · · · ·
NAME OF BUSINESS:	
STREET ADDRESS:	Unit #:
Property is/will be:	☐ Owner Occupied ☐ Tenant Occupied ☐ Other
Building Square Footage:	# of floors: Current Business License:
	□ No Suppression System: □ Yes □ No (Additional Fee \$10.00 Sprinkler System)
Kitchen Suppression System:	Yes □ No (Fee \$5.00) Fire Alarm System □ Yes □ No (Fee \$5.00)
Any residential units attached to	the business? ☐ Yes ☐ No
APPLICATION INFORMATION	(MUST BE LOCAL CONTACT)
All correspondence, including	renewal letters, will be mailed to the address, or email address, that you provide below.
Name:	
City:	State: Zip:
	Cell Phone:
DUILINIAL LIVINGER S HALLINIA	
	ATION (if different from applicants information)
Name:	
Name:	
Name:Address:City:	State: Zip:
Name:Address:	State: Zip: Cell Phone:
Name:Address:City:Office Phone:	State: Zip:
Name:Address:	State: Zip: Cell Phone:
Address: City: Office Phone: Email Address (required): EMAIL CORRESPONDENCE To the undersigned, do hereby cer application will be processed or insersuring the unit is available with a the unit is not available for inspersiolations. Subject to all fees as application. I am responsible the alling the Community Development	State: Zip:  Cell Phone:  tify that I am authorized to apply for the Commercial Occupancy Inspection. I understand no spection conducted until full payment is made to the City of Collinsville. I am also responsible for all utilities turned on at the time of the inspection. An additional inspection fee will be assessed action, utilities are not on, or building needs an additional re-inspection because of continued proved by City Ordinances. I will schedule the inspection within 7 days of the paid stamp or the for having any violations corrected and re-inspected within 30 days of inspection by
Name:	State: Zip:
Name:	State: Zip:  Cell Phone: State: Zip:  Tify that I am authorized to apply for the Commercial Occupancy Inspection. I understand not spection conducted until full payment is made to the City of Collinsville. I am also responsible for all utilities turned on at the time of the inspection. An additional inspection fee will be assessed in a ction, utilities are not on, or building needs an additional re-inspection because of continued approved by City Ordinances. I will schedule the inspection within 7 days of the paid stamp or the for having any violations corrected and re-inspected within 30 days of inspection by an office to schedule the re-inspection at (618) 346-5200 X 1206 If additional time is needed to in writing, a request for an extension. No 3rd party allowed at time of inspection.