



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 stonellato@collinsvilleil.org.

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 <http://www.collinsvilleil.org/LocalTaxPayments> 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 cityclerk@collinsvilleil.org 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 counties. 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 <https://tax.illinois.gov/businesses/registration.html> for more information.



Case # _____
Fee Due \$50.00

Business Section:

Business Name: _____ Business 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 interceptor 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 this location? __YES* __NO

*If yes, please contact Kim Wasser at 618-346-5200 ext. 1113 for mechanical/amusement device 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 complete to the best of my knowledge and belief, and that I will comply with applicable City of Collinsville Illinois 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 renewal may result in revocation of the business license by authority of the City Manager.

Owner/Authorized Agent Signature _____ Date _____



Business Section:

Business Name: _____ Business Phone: _____

Business Location: _____

DBA: _____

Business Type & Description: _____

Emergency Contact #1 Section:

Contact #1 Name: _____ Phone: _____

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: _____ YES _____ NO

Do you have a Knox Box: _____ YES* _____ NO

*Knox Box location: _____

Do you use/store flammable, combustible, and/or hazardous materials at this location: _____ YES* _____ NO

*List materials: _____

Is there one or more residential unit(s) attached to this commercial location?
_____ YES _____ NO

Owner/Authorized Agent Signature _____ Date _____

