



## Commercial Business Registration Application Checklist & Guide

- City of Collinsville Commercial Business Registration Application
- City of Collinsville Emergency Contact Form
- Copy of valid County Health Certificate (for all food establishments)
- Commercial Occupancy Permit (Application or Valid Permit Number \_\_\_\_\_)

### City Requirements

**Business Registration:** All businesses operating in a commercial location and considered a non-profit, civic, or fraternal organization or those [exempt by Illinois Statute](#) are required to have a valid Business Registration with the City of Collinsville. The Business Registration must be renewed on an annual basis (no fee for application or renewal). Attached is the Business Registration Application and Emergency Contact Form. For questions regarding the City's Business Registration Application or Emergency Contact Form, please contact Sunny Tonellato (618) 346-5200 ext 1206 or [stonellato@collinsvilleil.org](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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     \$0.00    

**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 \_\_\_\_\_



**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.....\$\_\_\_\_\_**

Permit Fees 0 to 4,000 square feet - \$50.00 // 4,001 to 20,000 square feet - \$60.00  
 20,001 and over square feet - \$60.00 // \$2 per 10,000 square feet over 20,000 square feet

**PROPERTY TO BE INSPECTED: (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:     Yes     No

Electricity Is On:     Yes     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: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

**BUILDING OWNERS INFORMATION (if different from applicants information)**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

**EMAIL CORRESPONDENCE TO:**

*I, the undersigned, do hereby certify that I am authorized to apply for the Commercial Occupancy Inspection. I understand no application will be processed or inspection conducted until full payment is made to the City of Collinsville. I am also responsible for ensuring the unit is available with all utilities turned on at the time of the inspection. An additional inspection fee will be assessed if the unit is not available for inspection, utilities are not on, or building needs an additional re-inspection because of continued violations. Subject to all fees as approved by City Ordinances. **I will schedule the inspection within 7 days** of the paid stamp on this application. **I am responsible for having any violations corrected and re-inspected within 30 days of inspection** by calling the Community Development office to schedule the re-inspection at (618) 346-5200 X 1206 If additional time is needed to repair the violations, I can submit, in writing, a request for an extension. No 3<sup>rd</sup> party allowed at time of inspection.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date

**For Office Use Only**

Business License Verified     Current Zoning Verified    **Present for Inspection :**     Building Official     Fire Department

**Inspection Date & Time:** \_\_\_\_\_