



## APPLICATION for a BUSINESS REGULATORY LICENSE

**CITY OF ALTON, ILLINOIS**

**Cynthia A. Roth • Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [croth@cityofaltonil.com](mailto:croth@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

### ALTON SQUARE MALL - APPLICATION

Dear Applicant:

Thank you for choosing to locate your business at Alton Square Mall, here in Alton, Illinois. The mall is a vital ingredient in the continued growth of our City.

The application process that you will begin is a procedure that under normal circumstances will take approximately 14-21 days to complete. Building, zoning, and/or fire code inspections may add to this time frame.

Because your business will be located at Alton Square Mall, your business will fall within the Alton Business Tax District. Please be aware that the sales tax rate will be 8.85% for retail merchandise and 9.35% for restaurants.

I've enclosed information that you may find useful, please feel free to call us with any questions.

Once again thank you for choosing Alton.

Sincerely,

Cynthia A. Roth

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### FREQUENTLY ASKED QUESTIONS

**Note: Business Tax District: All merchants will be collecting a 1% Alton Square Mall District Tax beginning July 1, 2008.**

1. What needs to be done to secure a business license? A business license application needs to be filled out and submitted along with the appropriate fee to the Treasurer's Office.
2. What happens to the application? Once submitted, the application is processed as follows:
  - The premises/building is inspected and checked by the Building & Zoning Department to insure the proper zoning is in place and the building meets the Alton City code requirements.
  - The building is inspected by the Alton Life Safety Inspector to insure that all Illinois State Fire Code requirements are met.
  - The Alton Police Department conducts a background check of the owner and manager.
  - The Madison County Health Department inspects all Food Establishments to insure health requirements are met (618-692-8954), along with Public Works Sewer Department inspecting for grease trap requirements. (Food Establishments only)
3. How long does the process take? Approximately 14-21 days. Building and/or fire code inspections may add to this time frame.
4. Must a license be secured prior to conducting business? Yes
5. What is the penalty for conducting business without a license? The business will be shut down until all license requirements are met and/or an ordinance violation will be filed with the Circuit Clerk.
6. **DO I RENEW THIS LICENSE EVERY YEAR?** Yes, all licenses expire on December 31<sup>st</sup> of each calendar year. Notices will be sent out mid-November; however, it is your responsibility as a business owner to renew annually or if you do not wish to renew your license, you must inform the Treasurer's Office.
7. How does the license renewal process work? Prior to the end of each calendar year a renewal form will be sent to each business. Check the renewal form carefully and make any necessary changes to the form. Simply cross out the old information and print the updated information on the form. **Please return the renewal form and the fee to Treasurer's Office by December 31st. Major credit cards are accepted in the Treasurer's Office or you may pay online at: [www.cityofaltonil.com](http://www.cityofaltonil.com).**
  - Select the 'PAY MY BILL' link on the left side of the page
  - Select **Business License / Renewal** from payment type
  - Fill in all Contact Information and then click Continue



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### BUSINESS REGULATORY LICENSE APPLICATION INFORMATION:

1. Fill out the Application, the Emergency Contact Information Sheet and the Affidavit completely and accurately.
2. Make sure that the property is within proper zoning for the specific type of business. The Building & Zoning Department (618) 463-3533 will be able to give you this information.
3. To assist in the Life Safety inspection please note the following:
  - a) Have one (1) 2A-10BC fire extinguisher within 75-foot travel distance on each level of business, wall mounted with the top 54 inches from the floor. (All extinguishers must be serviced once a year).
  - b) All private protections systems need to be inspected by licensed personnel and serviced if needed.
  - c) All unnecessary combustibles must be removed from the premise.
  - d) All buildings that have an apartment or sleeping arrangements must have smoke detectors.
  - e) Electrical circuits must be identified and marked on the electrical panel. (Individual circuits).
  - f) Adequate exits must be established and kept in working order as well as avenues to the exits.
4. **APPLY FOR AN ILLINOIS BUSINESS TAX I.D. #.** It will take 6 to 8 weeks to get the number if handled through the mail. If you go to Springfield or Fairview Heights, the number will be issued at that time. Application may be made through the following:
  - **Springfield: 1 (800) 732-8866**
  - **Fairview Heights: (618) 624-6773**
  - **[www.revenue.state.il.us](http://www.revenue.state.il.us)**
5. If the business name is different than the owner's name, you will need to apply for an Assumed Name Certificate; this is done through the County Clerk's Office in Edwardsville. There are fees involved, please call (618) 692-6290 for more information.
6. **FOR FOOD ESTABLISHMENTS:** you will need to obtain a permit from the Madison County Health Department. The City of Alton will not issue a business license until all City requirements are met and the County Health Department has issued a permit. Please call the Madison County Health Dept. at (618) 692-8954 for more information.
7. Any changes made to the building, electrical, or plumbing systems will require permits and inspections from the Building & Zoning Department.
8. **ALL FEES OWED TO THE CITY OF ALTON MUST BE PAID IN FULL BEFORE A BUSINESS LICENSE WILL BE ISSUED.** This includes sales tax, sewer fees and traffic/parking fines.
9. **IF THE BUSINESS EXPERIENCES ANY CHANGES (I.E., NEW OWNERS, MOVES TO A NEW ADDRESSES, PHONE NUMBERS, ETC.) A "CHANGES FORM" NEEDS TO BE SUBMITTED TO THE TREASURER'S OFFICE IMMEDIATELY.** This form can be found on the website at: [www.cityofaltonil.com](http://www.cityofaltonil.com) • Forms & Applications • "Business Changes Form."
10. **IF THE BUSINESS CLOSES, A "NO LONGER OPERATING FORM" NEEDS TO BE SUBMITTED TO THE TREASURER'S OFFICE IMMEDIATELY.** This form can be found on the website at: [www.cityofaltonil.com](http://www.cityofaltonil.com) • Forms & Applications • "Business Changes Form."



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### **City of Alton, Illinois**

1700 E Broadway • Alton, Illinois 62002 • (618) 463-3505

### **Alton Police Department**

**Jason Simmons**

**Chief of Police**

In order to better serve Alton businesses, the Alton Police Department requests that you complete the Emergency Contact Information Form. This form provides emergency contact names and telephone numbers to be used after normal business hours. This confidential information will be maintained and used only by the Alton Police Department.

Contact with a representative of the business may be necessary in the event of alarm activation, unsecured business, or any criminal activity. If at a later date information needs to be updated, please contact an Alton Police Department dispatcher at 618-463-3505, ext. 249.

If you have any questions or concerns regarding this matter, please contact the Alton Police Department at (618) 463-3505, ext. 221.



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**BUSINESS EMERGENCY CONTACT INFORMATION**

(This information is kept confidential and is for Alton Police Dept. use only)

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

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS OWNER:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**BUSINESS HOURS:** \_\_\_\_\_

**\* EMERGENCY CONTACT PERSON: Should have a minimum of two names. Only key holders should be listed. Please list for each: Name, Date of Birth, Home Address, Home Phone, Business Phone (if different from listed business), pager/other number, and/or Cellular phone number.**

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*First, Middle, Last MM/DD/YY*

Position: \_\_\_\_\_  
*Constituent-Owner/Manager/Employee*

Home Address: \_\_\_\_\_  
*Street City, State ZIP*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Pager/Other: \_\_\_\_\_ Cellular: \_\_\_\_\_

2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*First, Middle, Last MM/DD/YY*

Position: \_\_\_\_\_  
*Constituent-Owner/Manager/Employee*

Home Address: \_\_\_\_\_  
*Street City, State ZIP*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Pager/Other: \_\_\_\_\_ Cellular: \_\_\_\_\_

3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*First, Middle, Last MM/DD/YY*

Position: \_\_\_\_\_  
*Constituent-Owner/Manager/Employee*

Home Address: \_\_\_\_\_  
*Street City, State ZIP*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Pager/Other: \_\_\_\_\_ Cellular: \_\_\_\_\_



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**All indebtedness to the City must be paid in full before any Regulatory License will be issued.**

**PRINT OR TYPE ONLY**

**Business Name:** \_\_\_\_\_

**Proposed Address of Business:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Is there a different address for mailing? \_\_\_\_\_

Illinois Business Tax Number (IBT#): \_\_\_\_\_

Does this business have additional locations? (If yes, please provide the city and state of other locations.)  
\_\_\_\_\_

**BUSINESS OWNER INFORMATION: Please attach a copy of Driver's License, information to be used by Police Department only**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden name if applicable: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

**MANAGER (LOCAL CONTACT) INFO: Please attach a copy of Driver's License, information to be used by Police Department only**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden name if applicable: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

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

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

Own or Lease Space: \_\_\_\_\_ Square Footage Amount Business will Occupy in Building: \_\_\_\_\_

Number of Parking Spaces: \_\_\_\_\_ Number of Handicapped Accessible Spaces: \_\_\_\_\_

Outdoor Storage (Please Describe): \_\_\_\_\_

Signage (Please Describe): \_\_\_\_\_

Improvements/Rehabilitation of Building (Please Describe): \_\_\_\_\_

**DETAILED DESCRIPTION OF TYPE OF BUSINESS: Application will not be processed without this information.**

NAICS Code(s) of Business: \_\_\_\_\_

Will this business be located in a residential or commercial area? \_\_\_\_\_

Will this be a home occupation? \_\_\_\_\_

Is this business incorporated? \_\_\_\_\_ Name of Corporation: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Department Approval (Initials): \_\_\_\_\_



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## **AFFIDAVIT**

I \_\_\_\_\_, d/b/a \_\_\_\_\_,  
have completed and submitted an application for a Business License in the City of Alton, Illinois, with the knowledge that this does not indicate that I have been licensed to operate business. The business will not be licensed until all inspections have been completed and approved.

Signature: \_\_\_\_\_  
*Owner* *Date*

For office use only:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date