



APPLICATION for a BUSINESS REGULATORY LICENSE

CITY OF ALTON, ILLINOIS

Cameo C. Foster • Alton City Treasurer

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: cfoster@cityofaltonil.com

Fax: (618) 463-3520

Website: www.cityofaltonil.com

Dear Applicant:

Thank you for choosing the City of Alton to locate your business. The business community 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. I've enclosed information that you may find useful, please feel free to call us with any questions.

If your business is located within the Appearance Review District boundaries you are required to have all signage and exterior changes approved by the Appearance Review Commission. Façade Grant funds are available for up to 25% of eligible exterior repairs and improvements. For Façade Grant information, please contact the Department of Development & Housing at (618) 463-3801.

For specific questions related to Business Licensing or if you choose to no longer operate a business in Alton, please notify Amy Cox in writing at: 101 E Third, Suite 102, Alton, Il 62002 or e-mail: acox@cityofaltonil.com.

- Changes/No Longer Operating forms can be found online at:
 - www.cityofaltonil.com
 - Forms and Applications – No Longer Operating
 - Business Changes Application

Once again thank you for choosing Alton.

Sincerely,

Cameo C. Foster

CCF/ac



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FREQUENTLY ASKED QUESTIONS:

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 31st 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.**
 - Select the 'MyAccessCenter' link on the left side of the page
 - Select **ONLINE SERVICES | Online Payments | Business Licensing Payments**
 - Fill in all Contact Information and then click Continue
 - Please note any changes or enter/edit your missing information as frequently as you have any changes so we can keep your file up-to-date.



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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
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.



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BUSINESS REGULATORY LICENSE APPLICATION INFORMATION:

7. If the business is located in the Appearance Review District, any new sign or change to the exterior must be approved by the Appearance Review Board prior to permit issuance or approval of the business license. You must appear in person for approval, please call the Building & Zoning Department at (618) 463-3533 for information. A sign permit is required for all signs. Permit application forms are available from Building & Zoning.
8. Businesses located in a residence must meet the requirements of a “Home Occupation.” It must be clearly secondary to the use of the premises as a dwelling. The business must be carried on inside the house by a member of the family who lives there, with no non-family employees. There may be no outside storage of material, or change to the outward appearance from that of a residence. It may not include beauty shops, barbershops, or health business. Traffic or parking shall be normal for the neighborhood.
9. Any changes made to the building, electrical, or plumbing systems will require permits and inspections from the Building & Zoning Department.
10. **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.
11. **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 • Forms & Applications • “Business Changes Form.”
12. **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 • Forms & Applications • “Business Changes Form.”
13. Below is a link to the City code which contains information for: BUSINESS REGULATIONS
http://www.sterlingcodifiers.com/codebook/index.php?book_id=461 (Title 4, Chapter 1)



APPLICATION for a BUSINESS REGULATORY LICENSE

ALTON POLICE DEPARTMENT

1700 E. Broadway Alton, IL 62002

Telephone: (618) 463-3505

Fax Administrator: (618) 462-3797

Fax Patrol: (618) 463-1967

Fax Records: (618) 462-3864

Website: www.altonpolice.com

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.

A handwritten signature in black ink, appearing to read "Jason Simmons". The signature is fluid and cursive.

Jason "Jake" Simmons
Chief of Police



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ALL INDEBTEDNESS TO THE CITY MUST BE PAID IN FULL BEFORE ANY REGULATORY LICENSE IS 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: _____ Telephone: _____

Address: _____ *street* _____ *city* _____ *state* _____ *zip* _____

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: _____ Telephone: _____

Address: _____ *street* _____ *city* _____ *state* _____ *zip* _____

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 (home occupation) or commercial area? _____

Is this business incorporated? _____ Name of Corporation: _____

Applicant's signature: _____

Title: _____ Date: _____

Planning Department Approval (Initials): _____



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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: _____



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Please complete the following section if you intend to operate your business **OUT OF YOUR HOME**.

PRINT OR TYPE ONLY

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

PARCEL ID OF THE PROPERTY: _____

ZONING CLASSIFICATION OF THE PROPERTY (SEE BUILDING AND ZONING DEPARTMENT): _____

Please check the type of business that you intend to operate at this location:

_____ Artist or Sculptor

_____ Author or Composer

_____ Childcare (not more than three (3) children unrelated to the occupant of the home)

_____ Data Entry or Similar Computer Work

_____ Dressmaking, Seamstress, or Tailor

_____ Home Crafts (Model Making, Rug Weaving, Lapidary Work, and Ceramics)

_____ Office of a Minister, Priest, or Similar Person Associated with a Religious Organization

_____ Office of a Salesman, Sales Representative, or Manufacturer's Representative (provided that no retail or wholesale transactions are made on the premises)

_____ Telephone Sales or Similar Telephone Related Uses

_____ Uses which do not involve retail or wholesale sales transactions on the premises, employment of persons other than the occupants of the dwelling, any greater assembly, processing, or fabrication operations

Date Occupancy Permit was issued for this Address (See Building and Zoning Department): _____

Please List the Names of Employees (if applicable): _____



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AFFIDAVIT (OPERATING OUT OF YOUR HOME)

I _____, d/b/a _____,

Attest that I will comply with the following requirements. I further understand that failure to comply with the following statements could cause the revocation of my business license and could result in fines levied against myself or my business.

- This home occupation shall be conducted within the dwelling which is the bona fide residence of the principal practitioner or in any building accessory thereto which is normally associated with a residential use.

- No stock in trade shall be displayed or sold on the premises.

No alterations to the exterior appearance of the principal residential building or premises shall be made which changes the character thereof as a residence.

- No outside display of goods or outside storage of equipment or materials used in the home occupation shall be permitted.

- No persons other than a member of the immediate household occupying such dwelling shall be employed on the premises.

- The use of the dwelling unit for this home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and shall under no circumstances change the residential character thereof.

- No traffic shall be generated by this home occupation in greater volumes than would normally be expected in a residential neighborhood and any need for parking generated by the conduct of this home occupation shall be met off the street, except for brief periods.

- No equipment or process shall be used in this home occupation which creates noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses off the premises. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises.

- No signs accessory to this home occupation shall be displayed except for a single identification sign not more than one square foot in size.

- This home occupation shall be subject to all applicable city occupational licenses and permits.

Signature: _____ Date _____
Owner *Date*



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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