



BUSINESS OCCUPANCY APPLICATION

Fee: \$100.00 Due at time of issuance Paid Date: _____

*Business is defined in Ordinance #_____.

ATTACH SITE PLAN TO ALL APPLICATIONS

Date: _____

1. Name of Applicant(s): _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email address _____

2. Property Interest of Applicant:
() Business Owner () Contract Purchaser () Lessee () Other: _____

3. Name of Property Owner(s) or Property Management Co.: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

4. Location of Business:
Address: _____ Parcel ID Number: _____
Parcel ID Number can be found on the Property Deed, Tax Bill, or by contacting St. Clair County Maps & Plats

5. Present Use of Property: () Single-Family Residential () Two-Family Residential
() Multi-Family Residential () Vacant* () Business** () Industrial**
* If Vacant, list length of vacancy in months or years: _____
**If Business or Industrial, list type: _____

6. Proposed Use of Property:
Type of Business (describe daily operations): _____

Hours of Operation: _____ If seasonal, from _____ to _____
Number of Parking Spaces: _____ Number of Employees: _____
Merchandise Delivery Times _____ Retail Sale of Merchandise: Yes ___ No ___
Sale of Liquor (open or closed)? _____ Alterations to existing structure _____
Size of building: _____ SF Area to be used by business _____ SF
Any toxic, flammable or hazardous material to be stored at location: _____
If garage, # of bays: _____ Seating Capacity: _____

7. IL Dept. Revenue Sales Tax Number (IBT): _____

8. Business Name: _____
Business Address: _____
Mailing Address (if different than above): _____
Business Telephone: _____ Business Fax: _____
Business website _____

For questions on incentives or Enterprise Zone, please contact Eric Schauster at (618) 233-6810 ext. 249.

EMERGENCY CONTACTS:

(List the names, addresses & phone numbers of persons we can contact after hours for emergency purposes)

- a) _____ Home # _____
 _____ Cell # _____
- b) _____ Home # _____
 _____ Cell # _____

9. As applicant for a Business License, I certify that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the Belleville Codes in any way and that I must comply with all codes, ordinances and regulations of the City of Belleville, Illinois.

Signature of Applicant: _____

Signature of Business Owner: _____

-Staff Use Only Below this Line-

1. Economic Dev. & Planning: _____ Date: _____

Approved Denied RE: _____

Zoning Classification: _____ Ward: _____ Aldermen: _____

Requires a: Special Use Permit _____ Rezoning _____ Use Variance _____

Site Plan Approved: Approved Denied RE: _____

2. Fire Dept: _____ Date: _____

Approved Denied RE: _____

UPON MARK OF TECHNICAL INSPECTION; REFER TO HEALTH, HOUSING, BUILDING & ZONING

3. Sewer: _____ Date: _____ Additional Tap Fee: \$ _____

Approved Denied RE: _____

4. Health, Housing & Building:

Building: _____ Date: _____ Approved Denied RE: _____

Electrical: _____ Date: _____ Approved Denied RE: _____

Mechanical: _____ Date: _____ Approved Denied RE: _____

Plumbing: _____ Date: _____ Approved Denied RE: _____

5. License Collector:

Any Debts to City: No Yes: \$ _____ Checked By: _____

Business License Required No Yes Type of License: _____ Cost: \$ _____

6. Mayor's Office: Liquor License Required: No Yes

Liquor License Issued: Yes No - Re: _____

Date Issued: _____ Expiration Date: _____

7. Belleville Chamber of Commerce: Fax (618)233-2077

ALL DEPARTMENTS MUST SUBMIT APPROVAL/DENIAL TO HEALTH, HOUSING, BUILDING & ZONING

Occupancy Issued: Yes No - RE: _____

Occupancy Number: _____

Date: _____