

FIRE CHIEF'S OFFICE
SANITATION, HEALTH, HOUSING
& BUILDING OFFICE
213 SOUTH ILLINOIS STREET
BELLEVILLE, ILLINOIS 62220

**APPLICATION INSTRUCTIONS FOR
CITY OF BELLEVILLE
BUSINESS LICENSES**

1. Please complete the attached application and return to Patricia L. Rompel at the City Hall address listed above. Please contact Patricia at (618) 233-6518 ext. 241 with any questions regarding this application process.
2. Contact the Belleville Zoning Office at (618) 233-6518 ext. 250 for the proper zoning requirements. (You must be zoned properly to operate a business at a specific location.)
 - a. Please be advised that the proper permits need to be secured before a business is opened in the City of Belleville. Any person/business that changes the face of a sign or adds new signage needs to apply for a sign permit. Tenant finishes or alterations to a building will require a building permit. If you need to have any electrical, gas/mechanical, or plumbing work done in the building, you will need to hire a licensed and bonded contractor. Lists of people/businesses meeting those qualifications are available. If you have any questions, please contact the Health, Housing & Building Office at (618) 233-6817 ext. 216.
3. Contact the Belleville Fire Chief's Office at (618) 234-2770 to arrange a fire inspection. When the inspection has been completed, a report will be filed with the City Clerk's Office.
4. Facilities engaged in the business of food service must comply with the requirements of the St. Clair County Health Department. Inquiries should be made by calling the Environmental Health Division at (618) 233-7769.
5. Businesses interested in the sale of alcoholic beverages must contact the Mayor's Office at (618) 233-6518 ext. 239.

A business license will not be issued until all the application requirements are met.

APPLICATION FOR BUSINESS LICENSE

**MAYOR MARK W. ECKERT
CITY CLERK LINDA FIELDS**

Date: _____

Name of Business: _____

Business Address: _____

Business Phone Number: _____

Type of Business: _____

Name of Applicant: _____

Applicant's Address: _____

If license is "Seasonal" --- From: _____ To: _____

Applicant's Phone No. (home, cell, pager, etc.): _____

Name & Address of co-partnership (if applicable): _____

Manager's Name/Address: _____

Manager's Phone No. (home, cell, pager, etc.): _____

Name of Bonding Company (if applicable): _____

Illinois State Tax Number: _____

(TO BE COMPLETED BY THE CITY)

1. Zoning Approved: _____ 2. Electrical Inspection: _____

3. Plumbing Inspection: _____ 4. Gas Boiler Inspection: _____

5. Building Inspection: _____ 6. Fire Inspection: _____

License Type Issued: _____ Date: _____

License No. Issued: _____ Expiration Date: _____

CC: Housing Dept.:_____ Fire Dept.:_____ Zoning Dept.:_____