

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

**INSTRUCTIONS FOR
REGISTERING YOUR BUSINESS
IN THE CITY OF BELLEVILLE**

1. Please complete the attached registration form 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 the registration of your business.
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. If your business requires any remodeling, electrical, plumbing or HVAC work a permit and inspection is required. If you need a permit and/or inspection, please contact the Health, Housing & Building Office at (618) 233-6817 ext. 216.

REGISTRATION FORM FOR BUSINESSES

**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: _____

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

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

Manager's Name: _____

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

Manager's Address: _____

Name of Bonding Company (if applicable): _____

Illinois State Tax Number: _____

(TO BE COMPLETED BY THE CITY)

1. Zoning Approved: _____ 4. Electrical Inspection: _____

2. Plumbing Inspection: _____ 5. Gas Boiler Inspection: _____

3. Building Inspection: _____ 6. Fire Inspection: _____

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

