



BUSINESS LICENSE APPLICATION

City of Columbia
208 S. Rapp Ave.
Columbia, IL 62236
618.281-7144 x 106

(Staff Use)

<i>Application received by:</i>	<i>Date Received:</i>	<i>Permit # : BL-</i>
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Applicant Instructions/Guidelines:

- Application:** The following information (which includes the Business License Application” and the Communications Emergency Contact List must be completed and submitted to the City Clerk’s Office at Columbia City Hall.
- Inspection of Business Location:** After application has been received and reviewed by the appropriate staff at City Hall, inspections of the proposed business location will be scheduled with the applicant/representative. This process is to confirm the proposed location is meeting all code requirements regarding zoning, building, fire and electrical, as well as insuring sufficient parking for employees and customers will be provided.
- Approved/Disapproved Business License:** After all inspections have been completed, you will be contacted by the City Clerk’s office and informed of the permit status. If a business license has been approved, the Clerk’s Office will inform the applicant of the appropriate fees.
- Approved Permit:** The approved business license may be picked up at the City Clerk’s Office upon receipt of fee payment.
- How long will it take to receive a business license?** If the business and proposed location meet all requirements, the license should be ready for the applicant to pick up from the City Clerk’s Office within approximately five (5) working days.
- Questions:** If you have any questions or need help completing this application, please call the Columbia City Hall - Building Permit Office at (618) 281-7144 ext. 115.

Applicant Name: _____

Applicant Address: _____
No. Street City State Zip Code

Phone #: _____
Office # Cell#

E-mail Address: _____

DOB: _____ **Driver’s License #:** _____

Proposed Business Name: _____

Address: _____
No. Street

Zoning District: _____ **# of Employees:** Full Time - _____ Part Time - _____

Legal Owner of Proposed Business: _____
 Name

Address: _____
 No. Street City State Zip Code

Phone #: _____

DOB: _____ **Driver's License #:** _____

Legal owner of proposed business property: _____
 Name

Address: _____
 No. Street City State Zip Code

Phone #: _____

Contact person for building, electrical & fire inspections: _____
 Name

Address: _____
 No. Street City State Zip Code

Phone #: _____

Type of Business (explain in detail):

Number and type of coin operated devices (i.e.: games, food & cigarette vending machine, etc.) # _____

Type: _____

Illinois Business ID Tax #: _____

 Applicant Signature (mandatory) Date Property Owner Signature (mandatory) Date

(Do not write in this space - For office use only)

Annual License Fee for Fiscal Year Beginning May 1 (Except as otherwise noted)

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL LICENSE FEE	\$

License due and payable at the: Office of the City Clerk
 208 S. Rapp Avenue, P.O. Box 467
 Columbia, IL 62236-0467

May 1 Other

 City Clerk



October 22, 2018

RE: Update Emergency Contact Person / Telephone Numbers

Dear Business Owner:

The Columbia Police Department Telecommunicators provide dispatch services for Police, Fire and Emergency Medical Services twenty-four hours a day, seven days a week for the City of Columbia. In the evening and on weekends we contact the Public Works Department as problems arise in the City. We will assist Illinois Power, Harrisonville Telephone or other utilities as needed. At times, it may be necessary to contact someone from your business related to the services we provide or on behalf of these other entities. We would like to update our after hours contact list for your business. We have enclosed a form requesting information for the employees you would like for us to contact first in the event of an after hours alarm, fire, water system problem or other situation at your business. Please submit this information along with your Business License Application. The Clerk's Office will forward the information to the Police Department.

If you have any questions, please call the Telecommunication center, (618) 281-5151.

Thank you!

Jerald Paul,
Chief of Police

**COLUMBIA POLICE DEPARTMENT
COMMUNICATIONS EMERGENCY CONTACT LIST**

Business:	
Address:	
Phone #:	
E-mail Address:	

AFTER HOURS CONTACT PERSON(S):

FIRST CONTACT:

Name & Position with company:	
Address:	
Cell Phone #:	
Other Phone #:	

SECOND CONTACT:

Name & Position with company:	
Address:	
Cell Phone #:	
Other Phone \$:	

THIRD CONTACT:

Name & Position with company:	
Address:	
Cell Phone #:	
Other Phone #:	

FOURTH CONTACT:

Name & Position with company:	
Address:	
Cell Phone #:	
Other Phone #:	