



## Mobile Food Vendor License Application Checklist & Guide

- City of Collinsville Commercial Business License Application
- City of Collinsville Emergency Contact Form
- Copy of current annual kitchen hood fire suppression system inspection report
- Proof fire extinguisher tag is current
- Copy of valid County Health Certificate
- \$50.00 Application Fee

### City Requirements

**Business License:** All Mobile Food Vendors are required to have a valid Business License with the City of Collinsville. The business license must be renewed on an annual basis and has a fee of \$50. Attached within this packet is the Business License Application Packet. For questions regarding the City's Business License application, please call Sunny Tonellato (618) 346-5200 ext 1206 or [stonellato@collinsvilleil.org](mailto:stonellato@collinsvilleil.org).

**Inspection Reports:** All Food Trucks are required to have a kitchen hood suppression system and a tagged fire extinguisher. Please provide a copy of the annual inspection certificates for both.

**Food & Beverage Tax:** In January of 2018 the City adopted Ordinance 18-10, establishing a 1% Food and Beverage Tax increase as an effort to assist funding the City's Park and Recreation Department. This requirement applies to all establishments that prepare food and beverage for immediate consumption by the public, including mobile food vendors.

Visit <http://www.collinsvilleil.org/LocalTaxPayments> or call (618) 346-5200 ext 1142 for assistance in remitting your City of Collinsville Food and Beverage Tax.

**Zoning:** All mobile food vendors are subject to the requirements established in Ordinance 4717 and the City's Zoning Ordinance. Mobile food vendors shall be permitted on private property through the City. However, in no case shall a mobile food vendor operate or be located within or upon:

1. Properties which are currently unoccupied with a primary user.
2. Properties developed with single-family or multi-family residential dwellings.
3. Designated Fire lanes or "no parking" zones.
4. Landscaped Areas of the Property including lawn and other softscaped areas.
5. Drive-through facilities.

### *Duration*

The mobile food vehicle, trailer, or cart may operate year-round provided that all appropriate local, county, state, and federal regulatory approvals have been obtained by the owner/operator.

### *Hours of Operation*

The mobile food vehicle, trailer, or cart shall not operate, park, or otherwise be located on property beyond the hours of operation of the primary establishment on that property.



### Limitations\*

The mobile food vehicle, trailer, or cart shall not conduct business at a stationary location for a duration exceeding three (3) hours per day.

*\*Mobile food vehicles, trailers, or cart seeking to operate for extended periods of time at one location shall submit a Seasonal Temporary Use Permit application.*

### Location Regulations

1. No Mobile Food Vendor shall locate on any private property without written permission to do so and must comply if asked to leave by the property owner or City Official. A copy of written permission to operate in a specific location signed by the private property owner shall be kept within the mobile vending unit at all times.
2. No person shall distribute, deposit, place, throw, scatter, or cast any commercial handbill in or upon any motor vehicle.
3. No person shall distribute, deposit, place, throw, scatter, or cast any commercial handbill upon any premises if requested by the property owner or City Official not to do so or if there is placed near or at the entrance thereof a sign being the words “no advertisement.”

### Signage Requirements

Signs shall be limited to those attached, affixed, or applied to the mobile food vehicle or cart.

### Appurtenances and other items

1. Canopies, awnings, or umbrellas attached to the vehicle or cart shall be permitted.
2. Tables, chairs, and other customer seating shall not be permitted in conjunction with a mobile food vehicle or cart.

### General Information or Questions

For more information or questions regarding the City’s zoning requirements, please contact Caitlin Rice, Senior Planner, at 618-346-5200 ext 1138 or [seniorplanner@collinsvilleil.org](mailto:seniorplanner@collinsvilleil.org).

## **County Requirements\***

**Madison County:** The Madison County Health Department requires all food establishments to have a Food Establishment Permit. Please contact [Environmental Health Services](#) at (618) 296-6079.

**St. Clair County:** The St. Clair County Health Department requires all food establishments to have a Food Establishment Permit. Please contact [St. Clair County Environmental Services](#) at (618) 233-7703 or [scchdinfo@co.st-clair.il.us](mailto:scchdinfo@co.st-clair.il.us).

*\*The City of Collinsville is located within two counties. Health Department approval is required for the county the business will operate in.*

## **State Requirements**

The State of Illinois requires that all mobile food vendors be registered with the Illinois Department of Revenue. Please visit <https://www2.illinois.gov/rev/Businesses/Pages/default.aspx> to ensure your operation is registered.





Case # \_\_\_\_\_  
Fee Due     \$50.00    

**Business Section:**

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Location: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Type & Description: \_\_\_\_\_

Is this business a Food Establishment? \_\_YES\* \_\_NO

\*If yes, check ALL kitchen equipment that is/will be used in your business (Note a grease interceptor may be required):

Stove Top     Flat Top     Pizza Oven     Deep Fryer     Hood System

FEIN & State of Illinois Retailer's Tax No.: \_\_\_\_\_

Do you have arcade games, jukeboxes, and/or cigarette machines at this location? \_\_YES\* \_\_NO

\*If yes, please contact Kim Wasser at 618-346-5200 ext. 1113 for mechanical/amusement device permit information.

**Mailing/Primary Contact Section:**

Mailing Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (all correspondence sent here): \_\_\_\_\_

Email: \_\_\_\_\_

**Business Owner Section:**

Business Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Corporate Contact Section:**

Corporate Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Email: \_\_\_\_\_

**On-Site Manager Section:**

Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Property Owner Section:**

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Authorization Section:**

By signing below, I hereby certify that the statements on this application are true and complete to the best of my knowledge and belief, and that I will comply with applicable City of Collinsville Illinois ordinances concerning the operation of a business in Collinsville. I understand that any changes in address, nature of business or discontinuation of business must be reported to the City. Further, I understand that any misrepresentation or omission on this renewal may result in revocation of the business license by authority of the City Manager.

Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_



**Business Section:**

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Location: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Type & Description: \_\_\_\_\_

**Emergency Contact #1 Section:**

Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact #2 Section:**

Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Safety Features Section:**

Do you have a burglar alarm system: \_\_\_\_\_ YES\* \_\_\_\_\_ NO

\*Alarm Company Name: \_\_\_\_\_

\*Alarm Company Phone #: \_\_\_\_\_

Do you have a fire alarm system: \_\_\_\_\_ YES\* \_\_\_\_\_ NO

\*Alarm Company Name: \_\_\_\_\_

\*Alarm Company Phone #: \_\_\_\_\_

Do you have an automatic fire sprinkler system: \_\_\_\_\_ YES\* \_\_\_\_\_ NO

\*Sprinkler Company Name: \_\_\_\_\_

\*Sprinkler Company Phone #: \_\_\_\_\_

Do you have a kitchen hood fire suppression system: \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a Knox Box: \_\_\_\_\_ YES\* \_\_\_\_\_ NO

\*Knox Box location: \_\_\_\_\_

Do you use/store flammable, combustible, and/or hazardous materials at this location: \_\_\_\_\_ YES\* \_\_\_\_\_ NO

\*List materials: \_\_\_\_\_

Is there one or more residential unit(s) attached to this commercial location?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_



City of Collinsville  
 125 S. Center St  
 Collinsville, IL 62234  
 618-346-5200

# Food & Beverage Tax Return

Pursuant to Illinois municipal Code Sections 11-42-1, 11-42-5, and 8-11-6a. Pursuant to Collinsville Municipal Code Section 3.32.070 and 3.32.080

Finance Department

Phone: 618-346-5200 ext 1142

Fax: 618-346-1662

Filing Period \_\_\_\_\_

Name of Business \_\_\_\_\_

This return and the tax due must be filed and paid **by the last day** of the calendar month following the filing month. All forms are required at payment to guarantee NO Late Penalties.

Email all forms to: [staffaccountant@collinsvilleil.org](mailto:staffaccountant@collinsvilleil.org)

All payments must be made on-line at: <https://public.pointandpay.net/vweb/partner/cityofcollinsvillefandb>

## Computation of Tax Liability

1. **Adjusted Taxable Receipts** \_\_\_\_\_ 1. \_\_\_\_\_  
(for most businesses this will be Line 3 of ST-1)
2. **Sales of Non Food & Beverage Items Included in Line 1** \_\_\_\_\_ 2. \_\_\_\_\_  
Provide detail on separate page
3. **Subtotal - subtract line 2 from line 1** \_\_\_\_\_ 3. \_\_\_\_\_
4. **1% Food/Beverage Tax** \_\_\_\_\_ 4. \_\_\_\_\_  
Multiply Line 3 by 1% (.01)
5. **On-Time Discount** \_\_\_\_\_ 5. \_\_\_\_\_  
Paying by the 25th day, in which the tax is due - Multiply Line 4 by 1% (.01)
6. **Interest for Late Payment/Underpayment or Nonpayment** \_\_\_\_\_ 6. \_\_\_\_\_  
Multiply Line 4 by 0 if paid by the last day of the month  
 Multiply Line 4 by 10% (.10) if paid from the 1st and 10th days of the month  
 Multiply Line 4 by 15% (.15) if paid from the 11th and 20th days of the month  
 Multiply Line 4 by 20% (.20) if paid on or after the 21st day of the month
7. **Late Filing Penalty** \_\_\_\_\_ 7. \_\_\_\_\_  
Multiply Line 4 by 5% (.05) if paid on or after the 1st of the month.
8. **Amount of Tax Payable to City of Collinsville** \_\_\_\_\_ 8. \_\_\_\_\_  
(Add Lines 4, (6 & 7 if applicable), subtract line 5 if applicable)

### CHECKLIST

Fill out all lines	Sign Form
Attach ST-1 or ST-2	Make Online Payment
Attach Line 2 detail	Email all forms

Business has closed, this is the final tax return.  
 No business was conducted during above period

## All Figures Are Subject To Audit

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Signature \_\_\_\_\_  
(or type full name if filling out on computer)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

This form may be duplicated by local establishments for tax payment purposes.