



APPLICATION FOR - BUSINESS REGISTRATION OR - HOME OCCUPATION

www.troyil.us

OFFICE WILL ASSIGN: Permit #: _____ Date: _____

**COMPLETE THE APPLICATION IN ITS ENTIRETY.
INCOMPLETE APPLICATIONS WILL BE RETURNED.**

USE N/A IF A QUESTION DOES NOT APPLY.

The City of Troy requires REGISTRATION of all businesses. We do not LICENSE businesses. Your business will need to pass a BUSINESS INSPECTION, but the City of Troy does not provide business occupancy permits.

BUSINESS INFO: (please print)

INSPECTION PROCESS

Email us: buildingzoning@troyil.us

- INCLUDE:**
- ADDRESS,
 - TYPE of inspection
 - APPROXIMATE TIME desired.

Business Address: _____

Business Name: _____

Business Entity Name (eg. LLC) _____

Federal Employer Identification (FEIN) #: _____

Illinois Business Tax (IBT)#: _____

Business Hours: _____

Website Address: _____

Business Telephone: (____) _____

Anticipated Opening Date: _____

Number of Employees: _____

Description of Business: _____

Is this a HOME-BASED business? No Yes (If no, go to pg. 2.) If yes, please check all appropriate boxes below.

<input type="checkbox"/> Babysitting and childcare	<input type="checkbox"/> Tutoring, limited to one student at a time
<input type="checkbox"/> Dressmaking, sewing, and tailoring	<input type="checkbox"/> Direct sale product distribution
<input type="checkbox"/> Laundry, ironing service, housecleaning	<input type="checkbox"/> Mail orders, not including retail sales from the site
<input type="checkbox"/> Home cooking or preserving if conducted solely within the residence (pending approval by Madison County Health Dept.)	<input type="checkbox"/> Stock & bond broker/financial planner/estate planner
<input type="checkbox"/> Telephone answering or telephone soliciting if no part of the business equipment is installed outside of the residence other than telephone cables or wires	<input type="checkbox"/> Builder's or contractor's office so long as no part of the of the business is carried on outside of the residence
<input type="checkbox"/> Home crafts - e.g. model making, rug weaving, & lapidary work	<input type="checkbox"/> Artistic painting, sculpturing, art restoration, art studio or writing, Home cooking, or preserving, if conducted solely within the residence.
	<input type="checkbox"/> Computer programming if not part of the business equipment is installed outside of the residence other than telephone cables or wires

Other: Please explain

Primary Contact of Business

Co-Owner, Manager, etc. of Business

Name:

Address:

City/State/Zip:

Telephone:

Email:

Title:

Will this business:

A. Serve food? No Yes If yes, you MUST attach copy of the Madison Co. Health Dept. Certificate.

B. Serve alcohol? No Yes If yes, has a liquor application been filed? No Yes

C. Have video gaming? No Yes How many? _____ If yes, you MUST apply for video gaming before this submittal.

D. require any Federal, State or County licenses or certificates? No Yes If yes, please list: _____

E. require outdoor storage? No Yes If yes, is the outdoor storage privacy screened? No Yes

F. is an outbuilding provided? No Yes

BUILDING/SITE INFO: (please print)

INCOMPLETE APPLICATIONS WILL BE RETURNED.

*OWNER = Entity listed on Deed If business ownership is changing list expected date of sale: _____

Building *Owner's Name: _____ Email: _____

*Owner's (home) Address: _____ Telephone: _____

Attach a floor plan with size dimensions and a parking plan with handicap spaces designated (home occupations excluded).

G. How many restrooms are available for use? _____ How many are handicapped accessible? _____

H. Will this building/unit be used as a restaurant? No Yes If yes, attach a sketch of the seating layout.

I. Is there a full-service kitchen in the building? No Yes Is there outside seating? No Yes

J. If yes, is there a grease separator? No Yes If yes - Has it been inspected? No Yes **Attach inspection documentation.**

K. Is there a fire suppression system? No Yes If yes, a Fire Suppression System inspection is required prior to the City of Troy business inspection.

L. Company performing inspection and testing Name _____
and phone number _____ Illinois license# _____

M. Does the building/unit have a storage area larger than 100 sq. ft.? No Yes

N. Is a trash dumpster available for use? No Yes Is it enclosed? No Yes NEW OWNERSHIP REQUIRES ENCLOSURE

O. Number of parking spaces available for use _____ Number of handicapped parking spaces (with \$250 fine) for use _____

P. Has this building been inspected for occupancy? No Yes Inspection # _____

Q. Will any modifications or remodeling to the building/unit be needed to accommodate this business? No Yes
If yes, what? Electrical Plumbing Drywall Addition Any exterior work

R. Any other modifications/remodeling: _____

S. Will there be a new sign for your business? No Yes Sign Permit # _____

T. Does the building tenant pay for their water usage? No Yes Deposit receipt # _____

U. Are there living quarters in the building? No Yes If yes, where in the building are they located? _____

V. Are flammable materials stored on the premises? No Yes If yes, list the type, quantity, and location stored.

W. Does the building have a commercial burglar/fire alarm? No Yes
Alarm type: (circle all that apply) Silent Burglary Robbery Fire Local Regular Automatic Dialer

X. Name and phone of alarm company _____

Y. Emergency contacts: People to be contacted after hours for emergency purposes

 1. **PRINT** Name: _____ Telephone: _____

2. **PRINT** Name: _____ Telephone: _____

A few inspection items are:

- Fire Extinguisher
- Emergency Lighting and Exit Signs
- Restroom Accessibility and Sign
- Building Accessibility
- Door Handles shall not require a tight grasp or twisting of the wrist
- Parking (pavement and striping)

PERMIT FEES ARE NON-REFUNDABLE

ACKNOWLEDGEMENT & CERTIFICATION OF OWNER

Acceptance of this application for a home occupation by the City of Troy does not warrant or guarantee that it will conform to any restrictions that may be described in a homeowner's deed or subdivision covenant that would prohibit the operation of a business.

By signing below, I represent that the information on this application is true and complete to the best of my knowledge and belief and that I will comply with the applicable ordinances concerning the operation of a business in Troy. I also understand that any false information in this application may be used to revoke my business registration.

1. _____
Print Primary Contact Name Sign Name Cell Phone Date

2. _____
Print Co-Owner, Manager, etc. Name Sign Name Cell Phone Date

----- ALLOW 2 WEEKS FOR APPLICATION REVIEW -----

CITY OF TROY REQUIREMENTS:

All businesses operating in a commercial location or a home setting and considered a non-profit, civic, or fraternal organization or those exempt by Illinois Statute **are required** to have a valid Business Registration with the City of Troy. Attached is the Business Registration Application and Emergency Contact Form. Provide a basic floorplan and parking plan including dimensions and handicapped parking spaces. You may need to contact your landlord to complete the application. For questions regarding this form email buildingzoning@troyil.us.

Incomplete forms will be returned to the applicant.

**KEEP THIS
PAGE
FOR
REFERENCE**

OCCUPANCY:

The City of Troy requires a business to **register**. The City of Troy does not issue *business licenses* or *commercial occupancy permits*. Occupancy will be granted once a business inspection is performed and found satisfactory. This process is required upon a change of ownership or occupancy at a commercial location. Additionally, a building permit may be required if renovations are to be completed at the location. For more information or questions regarding building permit requirements email buildingzoning@troyil.us or call (618) 667-8734.

ZONING:

The City of Troy has a variety of zoning districts which help determine where certain uses are appropriate within the City. Even if a location appears commercial, it may not be properly zoned for your business. The City highly recommends confirming the zoning with our Building & Zoning Department before signing a lease or purchasing a property for your business. For more information or questions regarding the City's zoning requirements email buildingzoning@troyil.us or call (618) 667-8734.

LIQUOR LICENSES:

Additional licenses are required for establishments providing alcoholic beverages. Please contact hklueter@troyil.us for additional information. This license will be needed to apply for a state liquor license or video gaming license.

VIDEO GAMING LICENSES:

An additional license is required for video gaming terminals. Please email cityclerk@troyil.us for additional information.

NOTIFY THE TROY FIRE PROTECTION DISTRICT:

Contact the [Troy Fire Protection District](#) with questions regarding key lockbox requirements (not applicable for home occupations.)

MADISON COUNTY HEALTH DEPARTMENT REQUIREMENTS:

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

ILLINOIS STATE REQUIREMENTS:

The State of Illinois requires businesses to register, too. Visit <https://tax.illinois.gov/businesses/registration.html> for more information.