



**Administrative Department**  
1 Park Drive • Shiloh, Illinois 62269  
[www.shilohil.org](http://www.shilohil.org)

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(618) 632-1022 x 112 Phone

**RE: Business and/or Liquor License Applications**

The Village has an annual business license requirement. Cost of the license is \$50.00 per year. The license is issued for a May 1 to April 30 time-period. At the end of March, you will be receiving license renewal information. You have the entire month of April to renew the license.

The Village also has an annual liquor license requirement. The license is issued for the same dates and renewal is handled along with your business license. The Village accepts a copy of your state liquor license application as our form. The application is available at: <https://www2.illinois.gov/ilcc/Pages/Applications.aspx>. You will need to determine which class of license your business will need. You also must have a Certificate of Dram Shop Coverage with the Village shown as a "Certificate Holder". Our website has more information: [http://www.amlegal.com/nxt/gateway.dll/illinois/shiloh\\_il/titlexibusinessregulations?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:shiloh\\_il\\$anc](http://www.amlegal.com/nxt/gateway.dll/illinois/shiloh_il/titlexibusinessregulations?f=templates$fn=default.htm$3.0$vid=amlegal:shiloh_il$anc).

Liquor License Class A, B or F may also have a Video Gaming License. The fee is \$250.00 per terminal as set by the State. They are renewed with your annual liquor license. [http://www.amlegal.com/nxt/gateway.dll/illinois/shiloh\\_il/titlexibusinessregulations?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:shiloh\\_il\\$anc=jd\\_112.20](http://www.amlegal.com/nxt/gateway.dll/illinois/shiloh_il/titlexibusinessregulations?f=templates$fn=default.htm$3.0$vid=amlegal:shiloh_il$anc=jd_112.20).

If you will be serving food, please contact St. Clair County Health Department for their requirements. They can be reached @ (618) 233-7769 or [Health Department | Departments | St. Clair | Departments | St. Clair County Illinois \(st-clair.il.us\)](#).

If you have not already done so, you should also contact the Illinois Department of Revenue @ (217)785-2889 to obtain an Illinois Business Tax Number. This is used for tax purposes. Make sure you show Shiloh as the location code (082-0027-0) for the business.

I encourage you to join the O'Fallon-Shiloh Chamber of Commerce. They truly are a voice for your business. Their networking is great, get involved! Everyone benefits.

If you have any questions about the licensing process, please call Kim @ (618) 632-1022 x 112 or email her @ [kwilliams@shilohil.org](mailto:kwilliams@shilohil.org).

Welcome to our Community, we look forward to working with you.

Sincerely,



Brenda A. Kern, MMC  
Administrator \ Village Clerk

# Village of Shiloh Business Registration

Annual (May 1 – April 30) Cost is \$50.00

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

Business Type: \_\_\_\_\_

Business Hours: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Mailing Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Business Web Site: \_\_\_\_\_

Discounts Offered (i.e. Senior, Military): \_\_\_\_\_

Do you have vending machines? \_\_\_\_\_

Illinois Business Tax Number: \_\_\_\_\_

Federal Employee Identification Number (FEIN): \_\_\_\_\_

Any Federal, State or County Licenses or Certificates Held? \_\_\_\_\_ *(If so, please attach a copy)*

Do you have a business sign? \_\_\_\_\_

Do you have a grease trap? \_\_\_\_\_ *(If yes, please attach a copy of your current grease trap cleaning log.)*

Do you have a screened dumpster? \_\_\_\_\_

Do you have a detention basin? \_\_\_\_\_

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## EMERGENCY INFORMATION:

Are there lights left on after hours? \_\_\_\_\_

Do you have a safe? \_\_\_\_\_

Are employees in the building all night? \_\_\_\_\_

Are employees in the building for part of the night? \_\_\_\_\_

Do you have a burglar alarm? \_\_\_\_\_

What type of burglar alarm? \_\_\_\_\_

Name of Alarm Company: \_\_\_\_\_

Alarm Company Telephone Number: \_\_\_\_\_

Do you have a Knox Key Box for Fire Department Entry of the premises after hours? \_\_\_\_\_

Type and location of any toxic, flammable or hazardous materials stored at your location.

If so, please list \_\_\_\_\_

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Name of 1<sup>st</sup> Emergency Contact Person: \_\_\_\_\_

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

Name of 2<sup>nd</sup> Emergency Contact Person: \_\_\_\_\_

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

Name of 3<sup>rd</sup> Emergency Contact Person: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager's Phone Number: \_\_\_\_\_

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Number of Full-time Employees: \_\_\_\_\_

Number of Part-time Employees: \_\_\_\_\_

**BUSINESS NAME AS YOU WANT IT PRINTED ON LICENSE:**

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

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