



2017 COIN OPERATED VENDING, AMUSEMENT AND GAMING DEVICES BUSINESS LICENSE APPLICATION

Office of the City Clerk - Business Services
150 West Jefferson Street
Joliet, Illinois 60432
Office 815-724-3905 Fax 815-724-3904
Email: businessservices@jolietcity.org
Website: www.cityofjoliet.info

Office Use Only:
Date Received: _____
Date Issued: _____
Business Account ID: _____

Please print legibly. All information must be completed. **Incomplete forms will be returned.**
Please allow a *minimum* of twenty (20) business days for processing.

New Business: _____ Change of Ownership: _____ Expansion: _____ Renewal: _____
Proposed Opening Date: _____ Date Opened: _____

COMPANY INFORMATION

Business Name (DBA): _____
Corporate Name: _____
Contact Name: _____
Corporate Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____ Website: _____
Federal Employee Identification Number (FEIN Submit IRS Dept. of Treasury Authorization): _____
State of Illinois Business Tax Number (IBT - Submit IDOR Certificate of Registration): _____
Total Number of Employees at Location (include family members): _____

LOCAL AREA CONTACT INFORMATION

Agent/Operator (Manager) Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Cell Phone Number: _____

BUSINESS OWNERSHIP INFORMATION

Provide the following information regarding how the business was created and is owned:

____ Individual ____ Partnership ____ Limited Liability Corporation (LLC) ____ Private Limited Company (LTD) ____ Corporation

Legal Business Name: _____

If this is a **partnership**, provide name, address, and telephone number of all partners. If this is an **LLC or LTD**, provide the names, addresses and percentage of ownership held by each member. If this is a **Corporation**, provide the names and addresses of all persons holding three percent (3%) or more of the stock of the corporation and the percentage of ownership held by each member. If additional space is needed, add a separate page.

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

CALCULATION OF FEES – new fee schedule adopted December 7, 2010 by Ordinance No. 16736.

Bulk Foods – defined as “typically a non-electrically operated vending machines where products are selected at random upon insertion of coin into the slot and manual manipulation of lever or handle. Each machine is required to have a license.

Total number of Bulk machines: _____ x \$20.00 = \$_____

Total number of Vending machines: _____ x \$50.00 = \$_____
(Food, Soda, Rental Devices)

Total number of Amusement devices: _____ x \$50.00 = \$_____

Total number of Gaming devices: _____ x \$50.00 = \$_____

TOTALS: _____ \$_____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply adequate or correct information will be subject to suspension or revocation of the City of Joliet’s business license.

Name of applicant (print)

Signature of applicant

Title of applicant

Date

**2017 COIN OPERATED VENDING, AMUSEMENT AND GAMING
DEVICES BUSINESS LICENSE APPLICATION**

Local Business Name and Complete Address	Bulk	Vending	Number of Devices Amusement	Gaming

Please attach additional pages if necessary.