



2017 GENERAL 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:

This application pertains to the following type of businesses: Auctioneer; Billiard Hall/Pool Hall; Bowling Alley; Broker; Dry Cleaner; Food Service Establishment; Food Store; Gasoline Station; Hotel/Motel; Massage Salon; Nursing Home; Paint Sale/Paint Application; Public Amusement; Public Garage; Tattoo Artist; Tattoo Shop; Tobacco Dealer; Weapons Dealer; Wholesale Purveyor of Food.

Please print legibly. All information and supplemental requirements must be completed and submitted. Incomplete forms will be returned. Please allow a minimum of twenty (20) business days for process and review prior to opening.

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

LOCAL BUSINESS INFORMATION

Business Name (DBA): Store Number:
Business Address:
City: State: Zip Code:
Business Phone Number: Fax Number:
Agent/Operator (Manager) Name:
Home Address:
City: State Zip Code:
Cell Phone Number:

CORPORATE BUSINESS INFORMATION

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):
Mailing address for all correspondence: Local Business: Corporate:

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: _____

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: _____

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

GENERAL BUSINESS LICENSE WORKSHEET

Check all uses that apply. Any additional information must be submitted.

_____ **Auctioneer** – submit copy of Illinois license

Number of auctioneers: _____

Number of assistants: _____

_____ **Billiard Hall/Pool Tables**

Number of *non-coin operated tables* on
premise: _____

_____ **Bowling Alleys**

Number of lanes on premise: _____

_____ **Broker**

Bonds: _____ Grain: _____ Merchandise: _____

Negotiable Paper: _____ Produce: _____

Stocks: _____

_____ **Dry Cleaners**

On-site plant: Yes _____ No _____

Home delivery: Yes _____ No _____

_____ **Food Service Establishment**

(Restaurants) – must also complete Food
Store Section & submit Health Department
Certificate (Any place in which food or drink is
prepared for sale or for service on the premises or
any operation where food is served or provided for the
public with or without a charge.)

Total seating capacity: _____

Home delivery: Yes: _____ No: _____

Number of outdoor seats: _____

_____ **Food Store** – submit Health Department

Certificate (Any place where food, including
beverages, intended for human consumption off the
premises, is manufactured, produced, prepared,
handled, transported, sold or offered for sale).

Total number of employees: _____

Home delivery: Yes: _____ No: _____

_____ **Gasoline Station**

Number of service hoses: _____

Number of underground storage tanks: _____

Total Number of gallons stored: _____

_____ **Hotel/Motel**

Number of rooms available: _____

_____ **Massage Business**

Number of masseuses on staff: _____

_____ **Nursing Home** – submit proof of

Administrator License and Illinois License

Type of facility: _____

Number of beds: _____

_____ **Paint Sales/Application**

Containers one pint in size or less:

Yes _____ No _____

Is paint applied on the premises?

Yes _____ No _____

_____ **Public Amusement** – Submit Certificate
of Insurance Naming the City of Joliet as
Additional Insured

_____ **Public Garage**

Number of service bays: _____

_____ **Tattoo Artist** – submit medical papers and
Bloodborne Pathogen Training Certificate

_____ **Tattoo Shop** – submit Illinois Certificate of
Registration and Certificate of Insurance
Number of tattoo artists on premise: _____

_____ **Tobacco Dealer** – owner must pass
background check (additional paperwork
necessary) and submit copy of State of IL
Tobacco Certificate of Registration

_____ **Weapons Dealer** - submit copies of
Federal Weapons Dealer's Number and
State of Illinois F.O.I.D. Number

_____ **Wholesale Purveyor of Foods**

Describe commodities delivered: _____

Number of vehicles delivering: _____

Do you have a location within the city limits
of the City of Joliet? Yes _____ No _____

BUSINESS OPERATION INFORMATION

General Description/Purpose of Business: _____

Gross Square Footage of Tenant Space at Location: _____

Total Number of Employees at Location (include family members): _____

Days of Week and Hours of Operation at Location: _____

Do you want the local business name, address and telephone number listed on the City of Joliet's website? Yes _____ No _____

Is the Business Located in a Stand-Alone Structure? Yes _____ No _____

If no, name of center: _____

Does the Business Own the Building? Yes _____ No _____ If no, complete the following:

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____

Does or will the Business have a Joliet Liquor License? Yes _____ No _____

Does the Business buy or sell used merchandise? Yes _____ No _____

If yes, the Antique Dealers, Itinerant Merchants, Pawn Brokers and Second Hand Dealers Application must be completed

Are Hazardous Materials Stored on Site? Yes _____ No _____ If yes, provide MSD Sheets to the Joliet Fire Department

Does the Business have an Alarm System? Yes _____ No _____ If yes, must register with the Joliet Police Department

Name of Alarm System Monitoring Company: _____

Are there any coin operated devices on the property? Yes _____ No _____

If yes, the "Coin Operated Vending, Amusement and Gaming Devices Business License Application" must be completed and all machines must have individual annual stickers – List vending information below:

Vending Company: _____ Office Number: _____

Contact Name: _____ Cell Phone Number: _____