



**2017 TRANSIENT VENDOR/ITINERANT
MERCHANTS 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 and supplemental information must be completed and submitted. **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: _____

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

BUSINESS OPERATION INFORMATION

General description of business: _____

Type of merchandise to be sold: _____

Average value of inventory: _____

Dates of operation (start and end): _____

Days of Week and Hours of Operation: _____

Explain how the business will be conducted: _____

Location of sales: _____

ADDITIONAL INFORMATION TO BE PROVIDED AT TIME OF SUBMITTAL

The following items must be submitted with the application:

- Applicable county health department certificate (required when food sales are occurring).
- Notarized statement from property owner giving permission. Statement must include: owners name; address; cell phone number and their proof of ownership (deed, tax bill or mortgage paper). Statement must include the dates and times of operation and description of proposed temporary site improvements to be completed.
- Plat of survey/site plan depicting location of proposed temporary structures and explanation of how traffic and parking will not be harmed (if located outside).
- Certificate of Insurance naming the City of Joliet as additional insured.