



**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](mailto:businessservices@jolietcity.org)  
Website: [www.cityofjoliet.info](http://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** – fee schedule by Ordinance Nos. 16736 and 17622.

**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 \$250.00 = \$\_\_\_\_\_

**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

