

**CITY OF JOLIET OWNERSHIP DISCLOSURE FORM**

The City of Joliet requires that applicants for zoning relief, subdivision approval, building permits and business licenses disclose the identity of all persons having an ownership interest in the business and the real property associated with the application. A copy of this form must be completed and submitted with other application materials. Failure to properly complete and submit this form may result in the denial of the application.

**I. INFORMATION ABOUT THE APPLICATION**

This form is submitted as part of an application for the following (check all that apply):

- Rezoning, Special Use Permit, Variation or Other Zoning Relief (Complete Sections II and III)
- Preliminary Plat, Final Plat or Record Plat of Subdivision (Complete Sections II and III)
- Building Permit (Complete Sections II and III)
- Business License (Complete All Sections)

**II. INFORMATION ABOUT THE PROPERTY**

The address and PIN(s) of the real property associated with this application is

\_\_\_\_\_

PIN(s): \_\_\_\_\_

**III. PROPERTY OWNERSHIP**

The owner of the real property associated with this application is a (check one):

- Individual                       Corporation                       Land Trust
- Limited Liability Company     Partnership
- Other (describe): \_\_\_\_\_

***If the owner is an individual:***

State the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of the individual owner(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-MAIL :** \_\_\_\_\_ **FAX:** \_\_\_\_\_

***If the owner is a corporation:***

State the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of all persons holding 3% or more of the stock of the corporation and the percentage of shares held by such stockholders:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

***If the owner is a limited liability company:***

State the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of all members of the company along with the percentage of ownership held by each member:

---

---

---

---

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

***If the owner is a land trust:***

State the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of the trustee(s) and all beneficiaries:

Trustee(s):

---

---

---

---

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

Beneficiaries:

---

---

---

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

***If the owner is a partnership:***

State the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of all partners:

---

---

---

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

***If the owner is another type of organization:***

State the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of all persons having a legal or equitable ownership interest in the organization or the right to direct the affairs of the organization:

---

---

---

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

**IV. BUSINESS OWNERSHIP**

If the owner of the business is different than the owner of the real property associated with the application, then the following information must be provided:

The owner of the business associated with this application is a (check one):

- Individual     Corporation     Limited Liability Company     Partnership  
 Other (describe): \_\_\_\_\_

***If the owner of the business is an individual:***

State the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of the individual owner(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

***If the owner of the business is a corporation:***

State the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of all persons holding 3% or more of the stock of the corporation and the percentage of shares held by such stockholders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

***If the owner of the business is a limited liability company:***

State the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of all members of the company along with the percentage of ownership held by each member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

***If the owner of the business is a partnership:***

State the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of all partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

**If the owner of the business is another type of organization:**

Please state the names, addresses and phone #'s (HOME, BUSINESS & MOBILE) of all persons having a legal or equitable ownership interest in the organization:

---

---

---

**E-MAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**NOTE:**

If a stockholder, member, beneficiary or partner disclosed in Section III or Section IV is not an individual, then the individuals holding the legal or equitable title to the real property or business associated with the application must also be disclosed. For example, if the real property associated with an application is owned by a land trust, and the beneficiary of the land trust is a limited liability company, then the members of the limited liability company must be disclosed. If one of the members of the limited liability company is a partnership, then the identity of the partners must be disclosed. If one of the partners is a corporation, then all persons owning 3% or more of the issued stock must be disclosed.

**Name, Title and Telephone Numbers of Person Completing and Submitting This Form:**

---

---

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE USE ONLY**

Disclosure Approved

Disclosure Not Approved

Disclosure Reviewed by : \_\_\_\_\_ Date: \_\_\_\_\_