



2018 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: E-mail Address:

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. Submit appropriate Articles (e.g., incorporation, organization).

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 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  
elsewhere 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 \_\_\_\_\_

Containers one pint in size or more:

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: \_\_\_\_\_