



**2018 TRANSIENT VENDOR/ITINERANT MERCHANT  
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 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: \_\_\_\_\_ 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.

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.