



2018 TREE SERVICE BUSINESS LICENSE APPLICATION

Department of Community Development – Inspection Division
150 West Jefferson Street
Joliet, Illinois 60432
Office 815-724-4070 Fax 815-724-4080

Office Use Only:
Date Received: _____
Date Issued: _____
Control Number: _____

This application pertains to the following type of businesses: Tree Service Contractors

Please print legibly. All information and supplemental information must be completed and submitted. **Incomplete forms will be returned.** Please allow a minimum of ten business days for processing.

New Business: _____ Renewal: _____ Change of Ownership: _____ Expansion: _____
Proposed Opening Date: _____ Date Opened: _____

GENERAL INFORMATION

CORPORATE BUSINESS INFORMATION

Corporate Name: _____

Business Name (DBA): _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Website: _____

State of Illinois Business Tax Number (IBT - Submit IDOR Certificate of Registration): _____

Federal Employee Identification Number (FEIN Submit IRS Dept. of Treasury Authorization): _____

LOCAL BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Local Phone Number: _____

Local Fax Number: _____

Emergency Phone Number (after hours): _____

OWNER/MANAGER INFORMATION

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

BUSINESS INFORMATION

Are there certified arborists on staff? Yes: _____ No: _____ If yes, complete the following:

Name: _____
Certificate Number: _____ Expiration Date: _____

Name: _____
Certificate Number: _____ Expiration Date: _____

Name: _____
Certificate Number: _____ Expiration Date: _____

BUSINESS OWNERSHIP INFORMATION

Provide the following information regarding how the business was created and is owned:

___ Individual ___ Partnership ___ Limited Liability Corporation (LLC) ___ Corporation

Legal Business Name: _____

If this is a **partnership**, provide name, address, and telephone number of all partners. If this is an **LLC**, 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: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Percentage Ownership: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Percentage Ownership: _____

ADDITIONAL INFORMATION TO BE PROVIDED AT TIME OF SUBMITTAL:

The following items must be submitted with the application:

- Completed vehicle information sheet.
- Proof of Insurance: The policy of insurance shall cover all public passenger vehicles and shall, as a minimum insure the applicant against any liability for injury to persons or property within the limits of two hundred fifty thousand dollars (\$250,000.00) for each injury or death, three hundred thousand dollars (\$500,000.00) for each injury or death, and one hundred thousand dollars (\$250,000.00) for property damage, said coverage for property damage shall protect all persons and property other than the applicant.

In addition, the City of Joliet shall be named as a certificate holder on the certificate of insurance. The certificate of insurance must show that coverage may not be cancelled or materially changed without thirty (30) days prior notice to the City of Joliet.

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.

Print name of applicant

Signature of applicant

Title of applicant

Date

2018 Vehicle Information Sheet

Please provide the following information for each vehicle to be operated in the City of Joliet. Use additional sheets if needed. Please print legibly.

Total number of vehicles used in the City of Joliet: _____

Description of company logo (color, shape): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____