



2026 JUNK/SCRAP DEALERS, RECYCLING AGENTS AND REFUSE DISPOSAL 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@joliet.gov Website: <http://www.joliet.gov>

Office Use Only:
Date Received: _____
Date Issued: _____
Business Account ID: _____

This application pertains to the following type of businesses: Junk/Scrap Dealers, Private Waste Collectors/Scavengers or Recycling Agents.

Please print legibly. All information and supplemental requirements must be completed and submitted. Refuse Disposal Business Applicants must also include a Certificate of Insurance naming the City of Joliet as additional insured. **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): _____ Facility Number: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Fax Number: _____

Local Manager/Supervisor Name: _____

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

List all owner(s) information below and add a second sheet if necessary:

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell #: _____ Email: _____ % of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell #: _____ Email: _____ % of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell #: _____ Email: _____ % of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell #: _____ Email: _____ % 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/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: _____

Are Hazardous Materials Stored on Site? Yes _____ No _____ If yes, provide MSD Sheets to the Joliet Fire Department

Is the material collected or received temporarily housed in the City of Joliet? Yes _____ No _____

Does the business accept material from the general public? Yes _____ No _____

Is money paid to those dropping material off? Yes _____ No _____

Do those dropping material off have to pay a fee? Yes _____ No _____

Does the business offer pick-up service in the City of Joliet? Yes _____ No _____

If yes, number of vehicles to be used within the City of Joliet: _____

What happens to the items collected by the business? _____

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 food/beverage vending machines, gaming machines, amusement machines, or a market pantry on the property? Yes _____ No _____

Provide vending/market pantry vendor information below:

Vending Company: _____ Office Number: _____

Contact Name: _____ Cell Phone Number: _____

ADDITIONAL DOCUMENTATION REQUIRED TO BE SUBMITTED WITH THE APPLICATION:

- ☐ A copy of IRS Treasury letter with FEIN# or a completed W-9
- ☐ A copy of Certificate of Registration with local business address listed with state IBT#
- ☐ A copy of Articles of Incorporation or Articles of Organization
- ☐ A copy of owner(s) driver's license or state issued ID
- ☐ A copy of Will County Health Department Inspection Form (businesses selling food/beverages)

Please email completed application and documentation in .pdf format to: businessservices@joliet.gov