



# 2019 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  
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**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 including 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: \_\_\_\_\_

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/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 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: \_\_\_\_\_