



2026 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@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: 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; Pet Shop Operator; Public Amusement; Public Garage; Tattoo Artist; Tattoo Shop; Warehouse, Weapons Dealer; Wholesale Purveyor of Food.

Please print legibly. All information and supplemental requirements must be completed and submitted in .pdf format. **Incomplete forms will be returned.** Please allow a *minimum* of twenty (20) business days for process and review prior to opening.

Proposed Opening Date: _____ Date Opened: _____

LOCAL BUSINESS INFORMATION

Business Name (DBA): _____ Store Number: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone Number: _____ Fax Number: _____

LICENSE RENEWAL/BILLING CONTACT:

Name: _____ Department: _____
Direct Phone Number: _____ E-mail Address: _____

CORPORATE/ BUSINESS OWNERSHIP 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 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: _____

_____ **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 tank: _____

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 _____

_____ **Pet Shop Operator** – Submit Pet Shop

Operator License issued by State of IL

_____ **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: _____

_____ **Warehouse**

_____ **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 Business Location: _____

Total Number of Employees at Location (include family members): _____

Days of Week and Hours of Operation at Location: _____

Do you want your business information listed on the City of Joliet's website and/or the city's tourism website at www.visitjoliet.com? 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, sell, or accept used merchandise? Yes _____ No _____

If yes, the Antique Dealers, Itinerant Merchants, Pawn Brokers and Secondhand 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 food/ beverage vending machines, gaming machines, amusement machines, or a market pantry on the property? Yes _____ No _____

Provide gaming/amusement/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