



2024 VENDING, AMUSEMENT AND GAMING DEVICES 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: _____

Please print legibly. All information must be completed. **Incomplete forms will be returned.** Please allow a *minimum* of twenty (20) business days for processing.

Proposed Opening Date: _____ Date Opened: _____

COMPANY INFORMATION

Business Name (DBA): _____

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): _____

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

LOCAL AREA CONTACT INFORMATION

Manager/Supervisor Name: _____

Cell Phone Number: _____ E-mail Address: _____

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: _____

CALCULATION OF FEES – fee schedule by Ordinance Nos. 16736, 17622 & 17798

Bulk Foods – defined as “typically a non-electrically operated vending machines where products are selected at random upon insertion of coin into the slot and manual manipulation of lever or handle. Each machine is required to have a license.

Total number of Bulk machines: _____ x \$20.00 = \$_____

Total number of Vending machines:
(Food, Soda, Rental Devices) _____ x \$50.00 = \$_____

Total number of Amusement devices: _____ x \$50.00 = \$_____

Total number of Gaming devices: _____ x \$250.00 = \$_____

TOTALS: _____ \$_____

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

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