



**2024 ANTIQUE DEALERS, PAWN BROKERS AND SECOND HAND DEALERS 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](mailto:businessservices@joliet.gov) Website: <http://www.joliet.gov>

**Office Use Only:**  
Date Received: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Business Account ID: \_\_\_\_\_

Please print legibly. All information and supplemental requirements must be completed and submitted. **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: \_\_\_\_\_

Location Manager/Supervisor Name: \_\_\_\_\_  
Cell 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

**BUSINESS OPERATION INFORMATION**

**BARTER, PAWNED, PURCHASE, SALE OR TRADE OF SECONDHAND ITEMS**

Select the category or categories which best explain the general description/purpose of business:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Antique dealer     | <input type="checkbox"/> A/V equipment, gaming devices            | <input type="checkbox"/> Consignment store |
| <input type="checkbox"/> Coin dealer        | <input type="checkbox"/> Automobile and/or parts resale           | <input type="checkbox"/> Pawn broker/shop  |
| <input type="checkbox"/> Junk/Salvage yard  | <input type="checkbox"/> Charity store (donated goods for resale) | <input type="checkbox"/> Weapons           |
| <input type="checkbox"/> Jewelry/Gold store | <input type="checkbox"/> Furniture/Household items                | <input type="checkbox"/> Cell Phones       |

Other, explain: \_\_\_\_\_

The approximate percentage of business associated with the buying and selling of used merchandise:% \_\_\_\_\_

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 information 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

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 and/or beverage vending machines or gaming/amusement machines or market pantries 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 Phone#: \_\_\_\_\_

**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](mailto:businessservices@joliet.gov)