



**2024 TRANSIENT VENDOR/ITINERANT  
MERCHANT 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 information must be completed and submitted. **Incomplete forms will be returned.** Please allow a *minimum* of twenty (20) business days for processing.

Proposed Opening Date: \_\_\_\_\_ Date Opened: \_\_\_\_\_

**LOCAL BUSINESS INFORMATION**

Business Name (DBA): \_\_\_\_\_ Store 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 of business: \_\_\_\_\_

Type of merchandise to be sold: \_\_\_\_\_

Average value of inventory: \_\_\_\_\_

Dates of operation (start and end): \_\_\_\_\_

Days of Week and Hours of Operation: \_\_\_\_\_

Explain how the business will be conducted: \_\_\_\_\_

\_\_\_\_\_

Location of sales: \_\_\_\_\_

**ADDITIONAL INFORMATION TO BE PROVIDED AT TIME OF SUBMITTAL**

The following items must be submitted with the application:

- Applicable county health department certificate (required when food sales are occurring).
- Notarized statement from property owner giving permission. Statement must include owner’s name; address; cell phone number and their proof of ownership (deed, tax bill or mortgage paper). Statement must include the dates and times of operation and description of proposed temporary site improvements to be completed.
- Plat of survey/site plan depicting location of proposed temporary structures and explanation of how traffic and parking will not be harmed (if located outside).
- Certificate of Insurance naming the City of Joliet as additional insured.
- Copy of Certificate of Registration from State of Illinois – must reflect local business address
- Copy of IRS Treasury letter with FEIN#
- Copy of Owner, Agent/Operator state issued driver’s license or state I.D.

Please email application and documentation in .pdf format to: [businessservices@joliet.gov](mailto:businessservices@joliet.gov)