

JOLIET

City of Joliet
150 West Jefferson Street
Joliet, Illinois, 60432

Business Licensing Office: 815-724-3905 Fax 815-724-3904

Email: businessservices@joliet.gov

Liquor/Tobacco Licensing Office: 815-724-3710 Fax: 815-724-3715

Email: liquorcommission@joliet.gov

Website: <http://www.joliet.gov>

Office Use Only:

Date Received: _____

Date Issued: _____

Business Account ID: _____

License Type: Business _____ Tobacco _____ Liquor _____ (New/Transfer/Change of Class for Liquor License)

Class of Liquor License Applied For: _____

Please print legibly. All information and supplemental requirements must be completed and submitted.
Incomplete forms will be returned.

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): _____

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 owners with 5% or more ownership below and add a second sheet if necessary:

Name: _____ Title: _____
Home Address: _____
City: _____ State _____ Zip Code: _____
Cell #: _____ Email: _____ % of Ownership: _____
U.S. Citizen? _____ (Not required for corporations)
If naturalized, enter place of birth _____
Date and place of naturalization: _____

Name: _____ Title: _____
Home Address: _____
City: _____ State _____ Zip Code: _____
Cell #: _____ Email: _____ % of Ownership: _____
U.S. Citizen? _____ (Not required for corporations)
If naturalized, enter place of birth _____
Date and place of naturalization: _____

Name: _____ Title: _____
Home Address: _____
City: _____ State _____ Zip Code: _____
Cell #: _____ Email: _____ % of Ownership: _____
U.S. Citizen? _____ (Not required for corporations)
If naturalized, enter place of birth _____
Date and place of naturalization: _____

Name: _____ Title: _____
Home Address: _____
City: _____ State _____ Zip Code: _____
Cell #: _____ Email: _____ % of Ownership: _____
U.S. Citizen? _____ (Not required for corporations)
If naturalized, enter place of birth _____
Date and place of naturalization: _____

List all governmental entities to which applicant has submitted an application for a liquor license:

Entity Name:

Date of Application:

Disposition of Application:

Date, length of time and reason for any suspension, revocation, fine, or any other disciplinary action taken by the entity (include denial of liquor license).

Entity Name:

Date of Application:

Disposition of Application:

Date, length of time and reason for any suspension, revocation, fine, or any other disciplinary action taken by the entity (include denial of liquor license).

Entity Name:

Date of Application:

Disposition of Application:

Date, length of time and reason for any suspension, revocation, fine, or any other disciplinary action taken by the entity (include denial of liquor license).

List all governmental entities to which applicant has submitted an application for a tobacco license:

Entity Name:

Date of Application:

Disposition of Application:

Date, length of time and reason for any suspension, revocation, fine, or any other disciplinary action taken by the entity (include denial of tobacco license).

Entity Name:

Date of Application:

Disposition of Application:

Date, length of time and reason for any suspension, revocation, fine, or any other disciplinary action taken by the entity (include denial of liquor license).

List all convictions for all non-traffic violations for any city, state, or federal statutes, indicating the name of the offense and date of convictions. If application is for a corporation, such information must be supplied for all officers, directors, and shareholders owning more than 5% of the stock, as well as the resident manager. If this is an individual or partnership application, such information is required to be submitted for all persons.

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: _____

Nature of Entertainment (if applicable): _____

Percentage of gross revenue anticipated to result from sales of alcoholic beverages _____%

Proposed premises was purchased/leased (circle one) by applicant on _____.

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 Second Hand 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 vending/market pantry vendor information below:

Vending Company: _____ Office Number: _____

Contact Name: _____ Cell Phone Number: _____

Length of time applicant has been involved in a business associated with the service or sale of alcoholic beverages. (Complete this section for any owners listed under "Business Ownership Information Section"):

Name: _____	# of Years _____
Name: _____	# of Years _____
Name: _____	# of Years _____
Name: _____	# of Years _____

Length of time applicant has been involved in a business associated with the service or sale of tobacco. (Complete this section for any owners listed under "Business Ownership Information Section"):

Name: _____	# of Years _____
Name: _____	# of Years _____
Name: _____	# of Years _____
Name: _____	# of Years _____

Provide detailed description of location and layout of licensed premises:

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 tanks: _____
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: _____

_____ **Tobacco Dealer**- submit copy of Illinois Department of Revenue Tobacco Reseller certificate

_____ **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 _____

Applicant's Signature & Title

Date

Applicant's Signature & Title

Date

Applicant's Signature & Title

Date

Applicant's Signature & Title

Date

The undersigned, being duly sworn on oath, deposes and says that the facts alleged in the foregoing application are true in substance and fact, and that said representations are made for the purpose of inducing the Liquor Commissioner of the City of Joliet to issue the liquor license hereinabove requested.

Applicant's Signature

Subscribed and sworn to me this _____ day of _____, 20_____.

ADDITIONAL DOCUMENTATION REQUIRED TO BE SUBMITTED WITH THE APPLICATION:

- A copy of IRS Treasury letter with FEIN# or a completed W-9
- A copy Illinois Dept of Revenue– Sales & Use Tax Certificate– must have local business address
- A copy of Illinois Dept of Revenue – Tobacco Reseller Certificate – (Tobacco Applicants)
- A copy of the lease or deed for property
- A copy of the layout of the premises
- Certificate of Liquor Liability Insurance with City of Joliet named as additionally insured
- A copy of Articles of Incorporation or Articles of Organization
 - If a foreign corporation, the date of being qualified to do business under the Illinois Business Corporation Act: _____
- A copy of owner(s) driver's license(s) or state issued ID(s)
- A copy of Will County Health Department Inspection Form (businesses selling food/beverages)
- Completed Background Check Form with \$75.00 check for fingerprint fee (Liquor/Tobacco only)
- Payment of Liquor License Application Fee (Liquor Applicants only)