

# 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](mailto:businessservices@joliet.gov)

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

Email: [liquorcommission@joliet.gov](mailto: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:** \_\_\_\_\_ **Proposed Opening Date:** \_\_\_\_\_

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:**

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# 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\_\_\_\_\_.

\_\_\_\_\_  
Notary Public



**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 all 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)