2025 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 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:

____ Antique dealer	____ A/V equipment, gaming devices	____ Consignment store
____ Coin dealer	____ Automobile and/or parts resale	____ Pawn broker/shop
____ Junk/Salvage yard	____ Charity store (donated goods for resale)	____ Weapons
____ Jewelry/Gold store	____ Furniture/Household items	____ 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

Please email completed application and documentation in .pdf format to: businessservices@joliet.gov