CITY OF JOIET OWNERSHIP DISCLOSURE FORM

The City of Joliet requires that applicants for zoning relief, subdivision approval, building permits and business licenses disclose the identity of all persons having an ownership interest in the business and the real property associated with the application. A copy of this form must be completed and submitted with other application materials. Failure to properly complete and submit this form may result in the denial of the application.

I. INFORMATION ABOUT THE APPLICATION

This form is submitted as part of an application for the following (check all that apply):

- [ ] Rezoning, Special Use Permit, Variation or Other Zoning Relief (Complete Sections II and III)
- [X] Preliminary Plat, Final Plat or Record Plat of Subdivision (Complete Sections II and III)
- [ ] Building Permit (Complete Sections II and III)
- [ ] Business License (Complete All Sections)

II. INFORMATION ABOUT THE PROPERTY

The [address] and PIN(s) of the real property associated with this application is

PIN(s):

III. INFORMATION ABOUT PROPERTY OWNERSHIP

The owner of the real property associated with this application is a (check one):

- [X] Individual
- [ ] Corporation
- [ ] Land Trust
- [ ] Limited Liability Company
- [ ] Partnership
- [ ] Other (describe):

If the owner is an individual, state the name and address of the individual owner(s):

If the owner is a corporation, state the names and addresses of all persons holding 3% or more of the stock of the corporation and the percentage of shares held by such stockholders:

If the owner is a limited liability company, state the names and addresses of all members of the company along with the percentage of ownership held by each member:

If the owner is a land trust, state the names and addresses of the trustee(s) and all beneficiaries:

Trustee(s):

Beneficiaries:
If the owner is a partnership, state the names and addresses of all partners:

If the owner is another type of organization, please state the names and addresses of all persons having a legal or equitable ownership interest in the organization or the right to direct the affairs of the organization:

IV. INFORMATION ABOUT BUSINESS OWNERSHIP

If the owner of the business is different than the owner of the real property associated with the application, then the following information must be provided:

The owner of the business associated with this application is a (check one):

☐ Individual ☐ Corporation ☐ Limited Liability Company ☐ Partnership

☐ Other (describe): __________________________________________________________

If the owner of the business is an individual, state the name and address of the individual owner(s):

If the owner of the business is a corporation, state the names and addresses of all persons holding 3% or more of the stock of the corporation and the percentage of shares held by such stockholders:

If the owner of the business is a limited liability company, state the names and addresses of all members of the company along with the percentage of ownership held by each member:

If the owner of the business is a partnership, state the names and addresses of all partners:

If the owner of the business is another type of organization, please state the names and addresses of all persons having a legal or equitable ownership interest in the organization:

NOTE: If a stockholder, member, beneficiary or partner disclosed in Section III or Section IV is not an individual, then the individuals holding the legal or equitable title to the real property or business associated with the application must also be disclosed. For example, if the real property associated with an application is owned by a land trust, and the beneficiary of the land trust is a limited liability company, then the members of the limited liability company must be disclosed. If one of the members of the limited liability company is a partnership, then the identity of the partners must be disclosed. If one of the partners is a corporation, then all persons owning 3% or more of the issued stock must be disclosed.

Date: ___________________________ Signed: ___________________________

Name, Title and Telephone Number of Person Completing and Submitting This Form

OFFICE USE ONLY

☐ Disclosure Approved ☐ Disclosure Not Approved

Disclosure Reviewed by: ___________________________ Date: ___________________________