



APPLICATION/PERMIT FOR SOLICITING LICENSE

Transient Merchant
or Itinerant Vendor

No. _____

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1. NAME OF BUSINESS: _____
 2. ADDRESS OF BUSINESS: _____
 3. BUSINESS PHONE: _____ 4. FAX NUMBER: _____
 5. EMAIL: _____
 6. NAME, ADDRESS AND PHONE NUMBER OF THE PERSON WHO WILL OVERSEE THE ACTIVITY FOR WHICH PERMIT IS REQUESTED:

List person who will be Soliciting

7. FIRST NAME: _____ M.I.: _____ LAST NAME: _____
8. HOME ADDRESS: _____
9. HOME PHONE NUMBER: _____
10. MALE: FEMALE: HEIGHT: _____ WEIGHT: _____ RACE: _____
11. SCARS/MARKS/TATTOOS: _____
12. SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
13. LENGTH OF TIME OF CURRENT EMPLOYMENT OR REPRESENTATION: _____

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14. HAS A LICENSE ISSUED TO THIS APPLICANT UNDER THIS ORDINANCE BEEN REVOKED WITHIN ONE (1) YEAR OF THE DATE OF THIS APPLICATION? YES NO

IF YES PLEASE EXPLAIN: _____

15. HAS APPLICANT BEEN CONVICTED OF A VIOLATION OF ANY PROVISION OF THIS ORDINANCE, OR THE ORDINANCE OF ANY OTHER ILLINOIS MUNICIPALITY REGULATING SOLICITING WITHIN ONE (1) YEAR OF THE DATE OF THIS APPLICATION? YES NO

IF YES PLEASE EXPLAIN: _____



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16. HAS APPLICANT BEEN CONVICTED OF THE COMMISSION OF (I) A FELONY, OR (II) A MISDEMEANOR INVOLVING DISHONESTY OR FALSE STATEMENTS, UNDER THE LAWS OF THE STATE OF ILLINOIS OR ANY OTHER STATE, OR UNDER THE LAWS OF THE UNITED STATES WITHIN FIVE (5) YEARS OF THE DATE OF THIS APPLICATION? YES NO

IF YES PLEASE EXPLAIN: _____

17. IS APPLICANT REQUIRED TO REGISTER AS A SEX OFFENDER UNDER THE ILLINOIS SEX OFFENDER REGISTRATION ACT? YES NO

IF YES PLEASE EXPLAIN: _____

Attach the following:

- A copy of a valid driver's license or state identification card.
- A list of all Illinois municipalities who have issued a license or certificate of registration to conduct business as a Transient Merchant or Itinerant Vendor in the twelve (12) months preceding the date of this application.
- Description of subject matter of the soliciting and a description of the commodities or articles of merchandising intending to deal.
- Certificate showing liability insurance.
- The Department of Treasury employer identification number.
- Surety Bond or cash deposit equal to 50% of the wholesale value of merchandise.
- Health Department food service establishment inspection report (if applicable).
- Nonrefundable application processing fee of \$50.00.
- Licensing fee - Transient Merchant or Itinerant Vendor: \$100.00 (upon approval and issuance of license)
- \$50.00 license deposit (upon approval and issuance of license; refunded upon return of license to police department.)

Applicant's Signature

Date

FOR OFFICE USE ONLY

Approved

Denied

Date