

CU #: _____

LICENSE YEAR 20_____

LC#: _____ - _____

CITY OF PEORIA LICENSE APPLICATION - PEDDLER

1. Applicant's Name: _____ Title: _____

Home Address: _____
Street Apt City State Zip

Local Address: _____
Street Apt City State Zip

Driver's License #: _____ State: _____

Home Phone Number: _____ Date of Birth: _____

Local Phone Number: _____ E-mail: _____

2. D/B/A Name: _____

Business Address: _____
(not PO Box)

Business Phone Number: _____

3. Corporation Name: _____

4. Illinois Business Tax #: _____ You must supply a copy of your current registration.

5. Dates of Sale: _____ 6. Product for Sale: _____

7. Has the person listed in #1 above, ever been convicted of any criminal offense or ordinance violation (other than traffic or parking offense) in any jurisdiction? _____
Note: We will conduct a background investigation.

8. If yes, list name of person, all offenses, dates of conviction, and places where convicted:

I hereby agree to operate in accordance with all regulations and conditions imposed by the laws of the State of Illinois and the laws, ordinances and regulations of the City of Peoria. I understand any false statements could result in the revocation or denial of license. I understand I cannot operate prior to receiving and carrying the license. I received a copy of the City of Peoria Peddler Ordinance and the list of subdivisions that do not allow peddling.

Signature of Applicant: _____ Date: _____

PLEASE NOTE: This application will be considered complete only when all sections have been completed in their entirety. This application must be completed and submitted annually to this office along with the license fee of \$60.00.

Make checks payable to:

City of Peoria

Mail or deliver to:

Accounts Receivable Division
419 Fulton Street, Room 111, Peoria, IL 61602

OFFICE USE ONLY

Corporation Counsel: _____ Date: _____

Police: _____ Date: _____

Police Records Clerk: _____ Date: _____

Other: _____ Date: _____

9/2018