

CU #: _____

LC#: _____

LICENSE YEAR _____

CITY OF PEORIA STREET & SIDEWALK VENDOR LICENSE APPLICATION

1. Business name: _____

Business address: _____
(not PO Box)

Phone number: _____ E-mail: _____

2. If a proprietorship or partnership list **names of all owners, their residence address, phone number, driver's license (or social security) number and date of birth** below. If an association or corporation, list the information for all officers and directors along with shareholders owning more than 20% of the stock. Add additional sheets if necessary. **NOTE:** This section must be fully completed. One or more of these persons must sign the application.

Name: _____ Title: _____

Address: _____

Driver's License #: _____ State: _____

Home Phone Number: _____ Date of Birth: _____

Name: _____ Title: _____

Address: _____

Driver's License #: _____ State: _____

Home Phone Number: _____ Date of Birth: _____

Name: _____ Title: _____

Address: _____

Driver's License #: _____ State: _____

Home Phone Number: _____ Date of Birth: _____

3. Corporation Name: _____

4. Corporate FEIN #: _____ 5. Peoria Taxpayer #: _____

6. State of Illinois Taxpayer #: _____

7. Product for Sale: _____

8. Location Requested: _____

9. Applying for (circle one): Pushcart Stand or Sidewalk Station

10. Have you applied for a food and drink license from the Peoria City/County Health Department?
 _____ If yes, on what date? _____
11. Has anyone listed in #2 ever been convicted of a criminal offense or ordinance violation other than traffic and parking offenses in any jurisdiction? _____
12. If yes, list name of person, offense, date of conviction, and place where convicted:

Please note: This application will be considered complete only when all sections have been completed in their entirety and is submitted with the license fee, bond, insurance, property owner consent, and Health Department inspection approval. This application must be completed and submitted annually along with the above listed requirements.

I hereby agree to operate the above described business 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 posting the license.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

License fee: Cash, cashier's check, money order (No personal or business checks)

Mail or deliver to: Accounts Receivable Division, 419 Fulton Street, Room 111
 Peoria, IL 61602

Questions: (309) 494-8588 or e-mail AR@ci.peoria.il.us

OFFICE USE ONLY

Zoning Officer: _____ Date: _____

Traffic Engineer: _____ Date: _____

Other: _____ Date: _____

Drawing: _____ in drawing

_____ location #