

APPENDIX "F"

PEDDLER'S AND SOLICITOR'S LICENSE APPLICATION

Pursuant to **Sections 7-2-2** and **7-3-3** of this Chapter:

Name of Applicant _____

ADDRESS: (legal & local) _____

Phone No. _____ Description of Applicant _____

Illinois Retail Occupation Tax Registration Number _____

Description of nature of business & goods to be sold:

Employer of Applicant: _____

Address: _____

Relationship to Employer: _____

Length of time license is desired: _____

If vehicle is used, description & license no.: _____

Applicant to furnish a photograph (2" x 2" head & shoulder shot taken within 60 days prior to this application). Such photograph shall be attached to this form. Also a record of the applicant's fingerprints shall be attached to this form.

Applicant to name two reliable property owners of the State of Illinois who will certify as to the applicant's character & responsibility.

Address

Address

Has the applicant been convicted of any crime, misdemeanor or violation of any municipal ordinance? Yes _____ No _____ If yes, please explain the nature of the offense and the punishment or penalty therefor:

If applicable, the applicant must furnish a statement from a reputable physician of the City of Sullivan, dated not more than 10 days prior to this application showing that applicant is free from any infection, communicable or contagious disease. Such certification shall be attached to this form.

The undersigned applicant does hereby swear and affirm that the above information is true and correct.

Date of Application _____

Signature of Applicant _____

Date referred to Police Chief for investigation of the information contained herein _____

Application: Approved _____ Disapproved _____

Date _____ Chief of Police _____

Investigation fee paid _____ Date _____

Date approved application referred to City Clerk _____

License No. _____ Issued _____

Fee _____ Paid _____

Date _____

City Clerk _____