

CITY OF MOMENCE

PEDDLER AND TRANSIENT MERCHANT SWORN APPLICATION

LICENSE HOLDER INFORMATION

Name: _____ **Phone Number:** _____

Address: _____

Description of business, goods to be sold, where the merchandise was obtained, how the merchandise will be delivered: _____

EMPLOYER INFORMATION

Employer Name: _____ **Phone Number:** _____

Address: _____

What is your direct relationship to the above named employer? _____

BUSINESS INFORMATION

List the most recent cities or towns where the applicant conducted business:

City _____ **State** _____ **Address** _____

City _____ **State** _____ **Address** _____

What is the length of time you will be conducting business? _____

If one or more vehicles are to be used, a description of the same, together with license number or other means of identification. _____

I, _____ do hereby state, that, if a license is granted, it will not be used, or represented in any way as an endorsement by the City or any

department or official thereof.

Provide a copy of a fingerprint based criminal history record of conviction in the last 90 days provided by the Illinois State Police

LICENSE FEE: _____

APPLICATION FEE: _____

I, _____ DO HEREBY CERTIFY that the foregoing information is true and accurate.

Signature

Date

Office Use Only

Business Licence Application Receipt # _____