

TRANSIENT MERCHANT LICENSE APPLICATION

1. Name of Applicant: _____
Business Address: _____
_____ Phone: _____

2. Residence Address: _____
Phone: _____ Driver's License #: _____
Residence Address (Partner): _____
Phone: _____ Driver's License #: _____

If a corporation or association, the residence, phone number and driver's license number of the officers and all shareholders owning more than five (5%) percent of the outstanding shares of stock:

3. The location and dates for which the license is requested: _____

4. The admission price (if any): _____

5. The names and addresses of the individuals or business enterprises expected to participate:

6. Has applicant, his partners, the officers or listed shareholders been convicted of any criminal offense or ordinance violation (other than traffic or parking offenses) in any jurisdiction? _____

7. If yes, list offence, date of conviction and place where convicted: _____

8. State of Illinois Sales Tax Number: _____

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 Pekin. I understand that any false statement could result in the revocation or denial of license.

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 to the office of the City Clerk along with the license fee. Check should be made payable to the City of Pekin and returned to the City Clerk at City Hall, 111 South Capitol Street, Pekin, Illinois 61554.

Warning: You may not operate without receipt of license.