Colona City Hall
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Brian Johnson
Mayor

Charlotte Park
City Clerk

MOBILE VENDOR LICENSE APPLICATION

Application Date:
Type of Application: ☐ New ☐ Renewal ☐ Change of Information ☐ Change in Ownership
Applying For: ☐ One Week ($50) ☐ Six Months ($250) ☐ One Month ($100) ☐ One Year ($450)
Duplicate License $5.00 each. Amount needed:
Time period applied for: to

The Licensing period begins May 1 of the current year and does not extend past April 30 of the following year.

Business Name:
Business Address:
Mailing Address (if different):
Business Phone: Business Email:
Business Website (if applicable):

IL Sales Tax Number (IBT): State/County License Number:
Federal Tax Number (EIN):
Business Structure: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other:
State of Incorporation/Organization:

Owner/Applicant Name: Relation:
Permanent Address:
Phone: Email:
Applicant is acting as: ☐ Owner ☐ Agent ☐ Employee ☐ Contractor ☐ Other:
If acting on behalf of another person or business:
Name: Relation:
Address:

Primary Manager or Supervisor Responsible While Operating in Colona
Name:
Local Address During Operations (if applicable):
Phone: Email:

Describe the goods or services offered:
Merchandise is: ☐ New ☐ Damaged ☐ Discontinued/Closeout ☐ Samples
☐ Other:
Inventory will be: ☐ Sold from Stock ☐ Sold by Sample
Location(s) where merchandise is currently stored:

Proposed operating address(es):
If operating on private property, attach written permission or lease agreement.
Property Owner Name:
Property Owner Phone:

List location(s) where similar business has been conducted during the past three (3) years:
(City, State, Dates, Nature of Business)
Attach additional pages if necessary.

Have you ever been denied, suspended, or had a Vendor (or similar) license revoked?
☐ Yes ☐ No If yes, explain:
Attach additional pages if necessary.

Has the applicant or any person responsible for management or supervision been convicted of a felony within the past five (5) years or violated any law regulating a similar business?
☐ Yes ☐ No If yes, provide details:
Attach additional pages if necessary.

List all vehicles used in connection with this business (Year, Make, Model, Color, License Plate):
Attach proof of insurance for all vehicles.

List EVERY individual who will conduct business, solicit sales, supervise, manage, or otherwise work within the City (Name, Position, Date of Birth, Driver's License/State ID #, Phone):
Attach additional pages if necessary.
NO PERSON ABOVE MAY CONDUCT BUSINESS WITHIN THE CITY UNTIL APPROVED THROUGH THE CITY'S BACKGROUND SCREENING PROCESS.

Background Check Authorization

The undersigned acknowledges that every owner, manager, supervisor, employee, agent, contractor, or representative listed on this application shall submit to a criminal background check conducted by or approved by the City of Colona prior to conducting business.
The applicant further agrees to notify the City Clerk of any personnel changes, before any new individual begins work, within the City.

Applicant Initials _____

Required Attachments

- IL Sales Tax Registration
- State/County License(s)
- Certificate of Vehicle Insurance
- Property Owner Authorization or Lease Agreement
- Employee Roster (if additional pages were necessary)
- Additional Criminal History Explanations (if applicable)
- Any other supporting documentation

Certification

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge.

I understand that providing false or misleading information, failing to disclose required personnel, or allowing an unapproved individual to conduct business within the City may result in denial, suspension, or revocation of this license and may subject me to penalties under Chapter 16 of the City Code.

I further understand that approval of this application does not authorize operation until all required background checks have been completed and approved by the City.

_____ _____

Applicant Printed Name Date

_____

Applicants Signature

Office Use Only

Date Received: _____ Application Completed On: _____

Background: Approved / Denied By: _____

Comments: _____

_____

_____

_____

_____

City Clerk Review (if applicable): Approved / Denied Initials: _____

Comments: _____

_____

_____

Council Review (if applicable): Approved / Denied Date: _____

Comments: _____

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If approved:

Permit Number: _____ Expiration Date: _____