

PEDDLER APPLICATION
\$25.00

Chapter 120 City Code
Expires December 31st

DATE _____

APPLICANT NAME _____
(First) (Middle) (Last)

HOME ADDRESS _____
(Street) (City) (State) (Zip)

HOME PHONE _____ BUSINESS PHONE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ M () F ()

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

DRIVER'S LICENSE NUMBER _____ STATE _____

EMAIL ADDRESS _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____
(Street) (City) (State) (Zip)

ITEMS TO BE PEDDLED _____

METHOD OF PEDDLING: DOOR TO DOOR () MOBILE CONCESSION ()
PORTABLE STAND () STAND IN FRONT OF BUSINESS ()

WHERE STAYING WHILE IN QUINCY (If Applicable) _____ PHONE _____

STATE OF ILLINOIS SALES TAX NUMBER **(REQUIRED)** _____
(Contact Number 1-800-732-8866)

ADAMS COUNTY HEALTH DEPARTMENT NUMBER (If Applicable) _____
(Consumable Items)

Has previous application ever been revoked? Yes () No ()

Has applicant ever been convicted of a violation of any of the provisions of this application? Yes () No ()

Has applicant ever been convicted of a felony under the laws of the State of Illinois? Yes () No ()

Has applicant ever been convicted of a felony under the laws of any State in the United States? Yes () No ()

Attach a Drivers License or Photo ID for a background check.

I affirm that the above information is true and correct:

(Signature Of Applicant)

Background check date _____ Approved ☐ Denied ☐ See Attached Form.

Approved this _____ day of _____
CITY CLERK