ITINERANT VENDOR/PEDDLER

ANNUAL FEE	**$100.00**
FILING FEE	**$15.00**
INSPECTION FEE	**$200.00**

CITY OF CENTRALIA

APPLICATION FOR PERMIT

TO BE FILED WITH THE OFFICE OF THE CITY CLERK

101 South Locust
Centralia, Illinois 62801

FOR OFFICE USE ONLY

License No.: _____
Date Approved: _____
Expires: _____
Receipt #: _____
Date : _____
Fee Received: _____

As per Section 11-158 of Chapter 11 of the Centralia Municipal Code, no peddler or itinerant vendor shall conduct business within the municipal limits without a license issued by the City Clerk.

1. Name _____

   Birth Date _____

   Contact Phone # _____

   Permanent Address _____

   _____

   Driver License # _____

2. Illinois Department of Revenue
   Retailers Occupation Tax No. _____

3. Assumed Name (if applicable) _____
   Attach copy of Assumed Name Certificate

4. Corporation Name (if applicable) _____

   State of Incorporation _____

   Date Authorized to do Business in State of Illinois _____

   Name of Registered Agent _____

   Address of Registered Agent _____

5. Local Address _____

6. Operating Permit From County Health Department (if applicable-attach copy)

   Permit No. _____ Date Issued _____

7. Date Sales Will Begin _____ End _____

8. Inspection Fee $200.00 for each location from which fireworks, flammable or explosive devices or other hazardous goods or merchandise are to be sold.

9. List of any and all employees thereof working within the municipal limits. (to be listed on back of page)

10. General Description of goods, wares or merchandise to be sold. (to be listed on back of page)

I swear, under oath, that the information provided on this application is complete and correct and understand that it may take up to 14 days to be approved following review.

Signed _____ Date _____

9. List of any and all employees thereof working within the municipal limits.

_____

_____

_____

_____

_____

_____

10. General Description of goods, wares or merchandise to be sold.

_____

_____

_____

_____

_____

_____

_____

FOOD TRUCK EVENT VENDORS

Truck/Trailer Information:

Make/Model of Truck: _____
Dimensions of Truck: _____
Company Name of Truck: _____
Primary Color of Truck: _____
License Plate Number: _____

Photocopies of the following must be provided:
Certificate of Liability Insurance
Proof of Vehicle Insurance
Clinton County Health Department License
Menu being served
Photo of the Truck

Approval only allows vending in Fairview Park on specific dates as approved. Space is restricted to specific approved locations. Placement in the park is first come, first serve on the approved dates. Power or water hookups are not provided, you must be self-powered.

Please note that other parks, restricted public streets, parking lots and/or Fairview Park on any other unapproved dates continue to be restricted per the Centralia Municipal Code.