TRANSIENT MERCHANT LICENSE APPLICATION

The undersigned hereby applies for a license, under Part Eight, Business Regulation and Taxation Code of the Codified Ordinances of Freeport, Illinois, and under Chapter 872, Transient Merchant:

Fee: $25.00

Date of Application: _____ Licensing Period: _____

PLEASE PRINT LEGIBLY OR TYPE

Name of Business: _____

Street Address of Business: _____

P.O. Box of Business: _____

City, State, Zip: _____

Phone Number of Business: _____

E-Mail Address of Business: _____

IL Sales Tax ID (####-####) _____

ALL Applicants - If applicant is an individual, complete (a); if a partnership, complete (b); and if a corporation, complete (c).

Name **Address** **City/State/Zip Code**

(a) Individual: _____

Phone Number: _____

(b) Partnership (All Partners) _____

_____

Provide at least one phone number for partnership contact: _____

(c) Corporation Name: _____

Provide at least one phone number for corporation contact: _____

Forward application, supporting documents, and license fee to:
City Clerk's Office, 314 W. Stephenson Street, Suite 200, Freeport, Illinois 61032

(c) Corporation *(continued)*

List below all Officers, Directors & Persons holding 20% or more

5% for Chap. 857 Meeting Halls

Name	**Address**	**City/State/Zip Code**

Manager or Operator: _____

Phone Number of Manager: _____

STATEMENTS (MUST BE COMPLETED):

1. As defined in Section 802.14 of the Codified Ordinances of Freeport, Illinois; applicant is a citizen of the United States or a declarant thereof; is of good moral character; and is not in default under the provisions of the business regulation or taxation code or in any manner indebted to the City.
☐ Yes ☐ No If no, explain

2. Has person listed as applicant ever been convicted of criminal offenses or ordinance violations (other than traffic violations) in any jurisdiction? ☐ Yes ☐ No

If yes, please list each offense and/or violations, the date and prosecuting jurisdiction:

3. Has a person listed as applicant had a similar license revoked or suspended, in Illinois or any other State? ☐ Yes ☐ No If yes, explain:

4. The applicant has read all of the provisions of the Chapter under which a license is sought within one month prior to this date and understands the Chapter fully. ☐ Yes ☐ No

5. Please complete the following information specific to Chapter 872, Transient Merchants:

Location(s) from which applicant intends to sell: _____

_____

Date(s) of proposed sale: From**:** _____ To: _____

Hours and days of operation: _____

If a vehicle is used, describe: _____

_____

Forward application, supporting documents, and license fee to:
City Clerk's Office, 314 W. Stephenson Street, Suite 200, Freeport, Illinois 61032

6. Attach copies of the following:

☐ Written statement of permission from the property owner/s where Transient Merchant proposes to sell

☐ Registration under the Illinois Retailer's Occupation Tax Act showing expiration date - IL Sales Tax ID (####-####)

☐ Executed permits and licenses issued which are legally required in order to conduct the sales for which the City license applies (including valid permit by County Health Department for food vendors)

☐ Licenses issued past 12 months to conduct business as transient merchant

☐ Listing of inventories of goods to be sold

☐ Seller Information Form (see page 4) for each person selling or operating who will be in contact with the public for the purpose of stocking, transporting, delivering and/or selling goods, wares or merchandise

APPLICANTS' CERTIFICATION

Please sign and date the application form before a notary public and provide your title with the organization. The application must be signed by an owner, an officer, or partner. The signature must be an original, rubber stamps are not accepted.

<u>Warning to applicant</u>: This application must be fully and accurately completed. False or misleading statements may subject applicant to the penalties of perjury in addition to other penalties provided by law.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct; they are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Freeport to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the United States of America, the State of Illinois or the City of Freeport. I further agree to notify the City Clerk's office within 30 working days of changes in any of the above information.

Signature of Applicant	Title	Date

STATE OF ILLINOIS
COUNTY OF _____

Signed and sworn before me on the _____ day of _____, 20 _____

by _____ as _____
(name/s of person/s) (type of authority, e.g. officer, trustee, partner, etc.)

of _____.
(name of party on behalf of whom instrument was executed)

_____
(Signature of Notary Public)

(Seal)

Forward application, supporting documents, and license fee to:
City Clerk's Office, 314 W. Stephenson Street, Suite 200, Freeport, Illinois 61032

SELLER INFORMATION FOR
CHAPTER 872 TRANSIENT MERCHANT

The following information must be completed for every person who will be in contact with the public for the purpose of stocking, transporting, delivering and/or selling the goods, wares or merchandise. Any new individuals added after submission of this application must be submitted to the City Clerk's Office within 24 hours.

Name: _____

Home Address: _____

City/State/Zip Code: _____

Local Address*: _____

*Where you are staying while you are selling in the Freeport area.

Home Phone Number: _____ Local Phone Number: _____

Driver's License No.: _____ State Issued: _____

Date of Birth: _____

Please list home address(es) for the past five years and the length of time you lived at each address:

1. _____ How long? _____
2. _____ How long? _____
3. _____ How long? _____
4. _____ How long? _____

Have you ever been convicted of a criminal offense or ordinance violation (other than a traffic violation) in any jurisdiction? ☐ Yes ☐ No

If yes, please list each individual offense and/or violation, the date and the prosecuting jurisdiction. Attach additional page(s) if necessary:

CERTIFICATION

I declare under penalty of perjury, under the laws of the State of Illinois, that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

_____

Signature of Seller Date

Forward application, supporting documents, and license fee to:
City Clerk's Office, 314 W. Stephenson Street, Suite 200, Freeport, Illinois 61032

Office Use Only:

The foregoing application is:

☐ approved ☐ disapproved _____ _____
Police Chief Date

☐ approved ☐ disapproved _____ _____
Fire Chief Date

☐ approved ☐ disapproved _____ _____
License Officer Date

Forward application, supporting documents, and license fee to:
City Clerk's Office, 314 W. Stephenson Street, Suite 200, Freeport, Illinois 61032