CITY OF ALTON ILLINOIS
OFFICE OF THE CITY TREASURER

(618) 463-3500 | Fax (618) 463-3520
101 East 3rd St. | Room 102 | Alton, Illinois 62002
CITYOFALTONIL.GOV

APPLICATION *for a* PEDDLERS / SOLICITORS LICENSE

Dear Applicant:

Thank you for choosing the City of Alton to locate your business. The business community is a vital ingredient in the continued growth of the City.

The application process that you will begin is a procedure that under normal circumstances will take approximately 14-21 days to complete. Please complete the enclosed application and return it to this office along with a copy of the applicant's driver's license and the application fee of $100.00.

Once the application is approved, we will need a photograph of the applicant, which will be used to make an identification badge, which the licensee will wear when going door-to-door in Alton.

Below is a link to the City code which contains information for: PEDDLERS, SOLICITORS, TRANSIENT MERCHANTS, and ITINERANT VENDORS.
https://codelibrary.amlegal.com/codes/alton_il/latest/overview (Title 4, Chapter 9)

For specific questions related to Business Licensing or if you choose to no longer operate a business in Alton, please notify the Licensing Department in writing at: 101 E Third, Suite 102, Alton, Il 62002 or e-mail: licensing@cityofaltonil.gov.

Once again thank you for choosing Alton.

Sincerely,

City Treasuerer

CITY OF ALTON ILLINOIS

OFFICE OF
THE CITY
TREASURER

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PRINT or TYPE ONLY

LAST NAME:_____ **FIRST NAME:**_____ **MIDDLE INITIAL:** _____

S.S. #_____ **EMAIL:**_____

ADDRESS: _____
(City, State, ZIP)

TELEPHONE:_____ **CELL:** _____

DESCRIPTION OF APPLICANT:

AGE:_____ **SEX:**_____ **HEIGHT:**_____ **WEIGHT:**_____ **HAIR:**_____ **EYES:** _____

DATE OF BIRTH:_____ **PLACE OF BIRTH:** _____
(City, State)

BUSINESS OR ORGANIZATION APPLICANT IS REPRESENTING:

BUSINESS NAME: _____

OWNER'S NAME: _____

ADDRESS:_____

IS THERE A DIFFERENT ADDRESS FOR MAILING? _____

TELEPHONE:_____ **CELL:**_____

E-MAIL ADDRESS: _____

WHAT MERCHANDISE WILL YOU SELL? _____

ILLINOIS BUSINESS TAX NUMBER (IBT#): _____

HAS APPLICATION TO SOLICIT CONTRIBUTIONS EVER BEEN DENIED OR REVOKED?

NO_____ **YES**_____ **IF YES, WHAT IS THE DATE AND REASON FOR DENIAL OR REVOCATION:** _____

****A copy of your current Drivers License must be included along with the application fee of $100.00****

_____ _____

Signature Date

CITY OF ALTON
POLICE
DEPARTMENT

Jarrett M. Ford | *Chief of Police*
(618) 463-3505 | Fax (618) 462-3797 1700
East Broadway | Alton, Illinois 62002
CITYOFALTONIL.GOV

Authority for Release of Information

This release, when presented by a duly authorized representative of the Alton Police Department, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

I authorize the release of information to the Alton Police Department relating to Employment, Educational, Birth Record/Citizenship, Military, Selective Service and Police (Driving and Criminal) Data or Records.

This authorization is given in connection with a full background investigation being conducted relative to my application for the City of Alton Solicitor's and Peddler's Certificate of Registration.

Signature of Applicant Date

Print Name