

**CITY OF KEWANEE  
401 EAST THIRD STREET  
KEWANEE, IL 61443-2365**

**PERMIT APPLICATION FOR  
SOLICITOR/TRANSIENT MERCHANT/PEDDLER**

Name of Applicant \_\_\_\_\_

Business Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Residential Street Address of All officers of the Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location sale of merchandise will take place: \_\_\_\_\_

Items Being Sold \_\_\_\_\_

Telephone Number and Contact Person \_\_\_\_\_

Retailer Registration Number from IL Dept. of Revenue: \_\_\_\_\_  
(Please provide a copy of the registration certificate)

Drivers License Number \_\_\_\_\_

Vehicle License Number \_\_\_\_\_

Attach a complete inventory of the goods you intend to sell, a complete list of all licenses to conduct business as a transient/or itinerant vendor held within the State of IL for the last 12 months, provide a bond or deposit equal to 50% of the value of goods, minimum of \$1,000.00 (amount to be determined by the City of Kewanee)

I certify that the above statements are true and accurate to the best of my knowledge.

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public