

**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