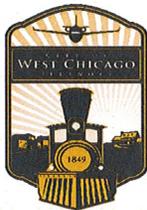


# City of West Chicago

## 2016 VENDOR APPLICATION



LICENSE NO.

APPLICANT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 SOCIAL SECURITY: \_\_\_\_\_ DLN: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 INSURANCE COMPANY: \_\_\_\_\_ POLICY NO. \_\_\_\_\_

(COPY OF POLICY TO BE INCLUDED)

### VEHICLE LICENSE INFORMATION:

TRUCK DESCRIPTION \_\_\_\_\_ TRAILER \_\_\_\_\_ CART \_\_\_\_\_  
 DO YOU : OWN? \_\_\_\_\_ LEASE? \_\_\_\_\_ IL VEHICLE REGISTRATION NO. \_\_\_\_\_  
 TRANSFER FROM CITY LICENSE NO.: \_\_\_\_\_

### FOOD ITEMS TO BE SOLD

\_\_\_\_\_

\_\_\_\_\_

### CERTIFICATES OF INSPECTION AS THEY MAY APPLY

	DUPAGE COUNTY HEALTH DEPARTMENT	CERT. NO. _____
	ILLINOIS DEPARTMENT OF AGRICULTURE	CERT. NO. _____
	UNITED STATES DEPARTMENT OF AGRICULTURE	CERT. NO. _____
	INSURANCE	CERT. NO. _____
	OTHER: _____	CERT. NO. _____

### LICENSE TYPE

<input type="checkbox"/>	ANNUAL PEDDLERS	\$650.00
<input type="checkbox"/>	TRANSFER FEE PEDDLERS	\$50.00

IF ANY OF THE PROVIDED INFORMATION IS FOUND TO BE FALSE, THE CITY OF WEST CHICAGO RESERVES THE RIGHT TO DENY OR REVOKE A PEDDLERS LICENSE.

**I SUBMIT THAT ALL OF THE ABOVE INFORMATION IS TRUE AND I AM SUBJECT TO A BACKGROUND INVESTIGATION**

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PEDDLER INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RECORDS CHECK: \_\_\_\_\_ TAG NO. \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RECORDS CHECK: \_\_\_\_\_ TAG NO. \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RECORDS CHECK: \_\_\_\_\_ TAG NO. \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RECORDS CHECK: \_\_\_\_\_ TAG NO. \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RECORDS CHECK: \_\_\_\_\_ TAG NO. \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RECORDS CHECK: \_\_\_\_\_ TAG NO. \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RECORDS CHECK: \_\_\_\_\_ TAG NO. \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RECORDS CHECK: \_\_\_\_\_ TAG NO. \_\_\_\_\_