

Annual Application Fee: \$650.00

Transfer Fee: \$50.00

Fee due at time of Application



Peddler Application

Incomplete Applications will NOT be processed

Applicants Information: Please Complete EVERY Question and Print Clearly

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Daytime Phone: _____ Work Phone: _____

Date of Birth: _____

Drivers License/State ID Number: _____ State Issued: _____

Email Address: _____

Physical Description:

Gender: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Insurance Company Name: _____

Insurance Policy Number: _____

Firm, Person or Corporation the Applicant Represents or is Employed by:

Employers Company Name: _____

Address: _____

Street City State Zip
Company Owners Name: _____ Phone Number: _____

Is Company/Business a: Corporation___ Partnership___ or Individual ___

Length of Employment: _____

Vehicle Information: (Provide the information for the vehicle that will be used while you are peddling in West Chicago)

Make: _____ Model: _____ Year: _____

Color: _____ Plate No.: _____ State Issued: _____

Describe the Items/Subject Matter you will be Peddling/Soliciting:

Have you ever been issued a Peddler License for the City of West Chicago: YES NO
Has your West Chicago License ever been revoked or denied: YES NO If yes, explain:

Have you ever been convicted of a felony or class A misdemeanor, within the last five (5) years, under the laws of the State of Illinois, any other State, or under Federal Law? YES NO If yes, explain:

Are you a registered sex offender? YES NO If yes, explain:

Have you ever been convicted of a violation of any of the provisions of this article, or any provision of any ordinance of any other city or village in Illinois regulating your peddling activity? YES NO If yes, explain:

Have all employees been trained in the handling of items they are going to peddle? YES NO
Have all employees been trained in how to deal with customers in a responsible manner? YES NO

The undersigned hereby makes application for a Peddler License in the City of West Chicago, Illinois, pursuant to Chapter 9 -Licenses, Permits and Business Regulations, Article V.-Peddlers of the Code of Ordinances of the City of West Chicago, Illinois.

I, _____, do solemnly swear that the forgoing information is true and complete to (Print applicants name) the best of my knowledge. I have read and agree to abide by the Peddler Ordinance of the City of West Chicago

I understand that a thorough background check will be conducted. I also understand I cannot knock on doors with a "NO PEDDLING OR SOLCITING" signs. I will leave a residence as soon as I am asked without question. I will only peddle during the approved times of Sunday – Saturday 10:00 am – Sunset.

I will not begin peddling until I am issued my City of West Chicago ID badge.

Applicants Signature/Date

Reviewers Signature

Date Approved: _____ Date Denied: _____

Permit Dates: _____ to _____

Attach to Application:

- 1. Certificate of Insurance**
- 2. DuPage County Health Certificate**