



Transient Merchant/Itinerant Vendor License Application

All applications, licenses and permits are subject to approval.

Company Name

Company Contact Person

Company Address

Company Phone Number

Company Email Address

Person Selling

Sellers Address

Phone Number

Sellers email

Sellers Photo ID or Drivers License #, a copy is required

Illinois Department of Revenue Certificate of Registration Number, a copy is required

Certificate of Insurance, a copy is required

The location where you intend to do business

Dates of sale

What is the nature of the business you intend to conduct?

List a complete inventory of the goods you intend to offer for sale.

Provide a complete list and description of the service or services you intend to offer for sale.

List all licenses to conduct business as a transient merchant or itinerant vendor in the City of Mt. Vernon for the past year

List of any license issued by the state of Illinois held by you related to the goods or services on this application, copies are required

Would you like a copy of the ordinance pertaining to this license? _____

Yes

No

I certify that the information provided is true, that the operator has read the ordinance and will comply with all applicable requirements. *

Date

For Office Use Only

Filed this _____ day of _____, 20_____.

City Clerk

Date of issue: _____ License #: _____

Cost: _____ Cash Deposit: _____

Effective Dates: From _____ To _____