

CITY OF ROCK ISLAND LICENSE APPLICATION



TRANSIENT MERCHANT

New Application _____

Renewal _____

APPLICANT INFORMATION

APPLICANT NAME	LOCAL ADDRESS	CITY, STATE and ZIP CODE
TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
PERMANENT ADDRESS	CITY, STATE and ZIP CODE	ILLINOIS TAX ID Number
DRIVER'S LICENSE NUMBER and STATE		

Above information MUST be provided for EACH person selling the product. Use additional sheets as required.

Provide name and address of person/firm/corporation for whose account business will be transacted.

NAME	ADDRESS
TELEPHONE NUMBER	CITY, STATE AND ZIP CODE

Has the applicant for this license ever been denied a license to sell in the City of Rock Island?	Yes	No
Has the applicant for this license ever had a license revoked in the City of Rock Island?	Yes	No
Has the applicant for this license ever been arrested for any charge relating to sales in the City of Rock Island?	Yes	No
Has the applicant for this license ever been convicted of any charge relating to sales in the City of Rock Island?	Yes	No

For any "Yes" answer above, give offense number, name of offender, date of offense and final disposition

Locations where applicant has conducted similar sales as a transient merchant during the last three years

CITY OF ROCK ISLAND

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Time period for which application is being made: _____ thru _____

Length of time during which proposed business will be conducted:

ONE DAY	\$25.00 _____
ADDITIONAL DAYS	\$5.00 per day _____
ONE MONTH	\$150.00 _____
THREE MONTHS	\$200.00 _____
SIX MONTHS	\$275.00 _____
ONE YEAR	\$450.00 _____
DUPLICATE LICENSE	\$5.00 each - If more than one person selling same product/same company

Describe items/services being offered for sale: _____

Condition of Goods	New _____	Used _____	Seconds _____	Damaged _____
Method of Sale	Stock _____	Sample _____	Orders Taken _____	Other _____
Deposit Required of Customer	Yes _____	No _____	If yes (amount) \$ _____	
Place of Manufacture of Goods: _____				
Present Location of Goods: _____				

Location(s) where business is to be conducted: Door to Door: _____ Or at the following locations:

Name of Business: _____ Address: _____ Phone: _____

Name of Business: _____ Address: _____ Phone: _____

If business is to be conducted at a fixed location, written permission from the property owner needs to be given as part of this application.

Does applicant wish to claim exemption from bonding requirements? Yes: _____ No: _____

If Yes, claiming exemption from bonding requirements, you must agree to make no sale over \$50.00 nor to require a deposit before goods are delivered.

If No, a bond must be included as part of this application. (Bond shall be equal to 50% of the wholesale value of the merchandise intended for sale, but not less than \$1,000.00 nor more than \$10,000.00)

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I certify that the above statements are true and any untruths or omissions could be grounds for my license to be revoked. I have read and understand the ordinance concerning transient sales and realize that I am obligated to abide by it. I further understand and agree to the following:

-) A criminal background investigation may be conducted on me (the applicant and officers of the business and/or corporation);
-) Any police officer or other City official is permitted free and unrestricted access to the premises for which this license is granted for purpose of inspection;
-) I am allowed to work only the hours between 9:00 a.m. and 9:00 p.m., and will not go door to door on Sundays or Holidays;
-) The license is non-transferable;
-) I agree to observe the laws of the United States, State of Illinois and the City of Rock Island in the conduct of this business.

Signature of Applicant

Date of Application

DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE

Police Department Approval Date

City Clerk Approval Date

Bond Posted
Yes: _____ No: _____

License Fee

License Fee Receipt Number

License Number

License Printed Date

License Delivery Date

**Return Completed Application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL 61201
(309) 732-2010**

CITY OF ROCK ISLAND

LICENSE APPLICATION

PROPERTY OWNER'S AUTHORIZATION FOR USE OF PROPERTY BY TRANSIENT MERCHANT

I give _____
Individual, Organization or Business Name

permission to sell _____
Product Name or Type

on my property located at _____
Property Address or Location

From _____ to _____
Date Date

I agree to provide off-street parking and restroom facilities for the customers (and workers themselves) of the above-named transient merchant during the hours that they are selling.

Signature of Business Owner

Business Name

Printed name of Business Owner

Business Telephone Number

I agree to comply with the regulations of the City of Rock Island and will not place any displays or signs within 15 feet of the curb line or upon public property or utility poles. I understand that the above property owner has the right to withdraw their permission at any time and I agree to leave their premises immediately if asked to do so.

Further, I must have in my possession at all times a copy of the receipt or license issued by the City, and a copy of this authorization form. **I understand that I may only sell at the location listed above.**

Failure to comply with the above requirements will result in revocation of the license and authorization issued.

Printed Name of Transient Merchant

Signature of Transient Merchant

Do not write below line – to be completed by City Clerk's Office

City Clerk

Date