

THE VILLAGE OF ALEXIS
204 S. MAIN ST., PO BOX 356
ALEXIS, IL 61412

PHONE/FAX # 309-482-3424, CELL # 309-373-2740

This institution is an equal opportunity provider and employer.

APPLICATION
FOR A TRANSIENT MERCHANT, ITINERANT VENDOR
OR PEDDLER FOR THE VILLAGE OF ALEXIS

COMPANY NAME: _____

COMPANY PHONE: _____

APPLICANT'S NAME: _____

APPLICANT'S PHONE: _____

APPLICANT'S VEHICLE: MAKE: _____, **MODEL:** _____

COLOR: _____, **LICENSE PLATE STATE:** _____ **PLATE #:** _____

PERMANENT ADDRESS (MUST INCLUDE A STREET ADDRESS) : _____

**RESIDENCE ADDRESS OF THE PRINCIPAL (IF THE APPLICANT IS A CORPORATION,
THE RESIDENCE ADDRESSES OF IT'S OFFICERS):** _____

THE LOCATION THE APPLICANT INTENDS TO DO BUSINESS: _____

THE NATURE OF THE BUSINESS THE APPLICANT INTENDS TO CONDUCT: _____

DAYTIME HOUR RANGE: _____

A COMPLETE INVENTORY OF GOODS THE APPLICANT INTENDS TO OFFER FOR SALE: _____

PERMIT DATES & DAYS REQUESTED : _____

PERMIT VALID FROM : _____ **THRU :** _____

ISSUED BY: _____, **VILLAGE CLERK**

PERMIT COST : \$ 10.00 PER DAY x _____ DAYS = \$ _____ TOTAL

PAID BY : CASH / CHECK # _____

COPY OF DRIVER'S LICENSE:

**A COPY OF THE APPLICANT'S CERTIFICATE OF REGISTRATION UNDER THE
RETAILER'S OCCUPATION TAX ACT:**