

Mary Jo Pemberton
City Clerk
Rebecca Barbour
Deputy City Clerk



City of Mt. Vernon
1100 Main PO Box 1708
Mt. Vernon, IL 62864
cityclerk@mtvernon.com

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618-242-6815
FAX 618-242-6867
www.mtvernon.com

APPLICATION FOR TRANSIENT MERCHANT/ITINERANT VENDOR LICENSE

Pursuant to Chapter 110.04

CITY OF MT. VERNON, ILLINOIS

FEE PER PERSON SELLING (Agent) — \$25.00 per day or \$200.00 per 30 days

1. Company Name: _____

2. Company Contact Person: _____
3. Company Street Address: _____

4. Company Telephone: _____
5. Company E-Mail: _____
6. Agent's (Person Selling): _____

7. Permanent Address: _____

8. Telephone: _____
9. Email: _____
10. Agent's Photo ID or Driver's License Number: _____
(Attach copy)
11. Illinois Dept of Revenue Certificate of Registration Number: _____
(Attach copy of Certificate of Registration)
12. Certificates of Insurance (*Itinerant Vendors*): _____
(Attach proof of Motor Vehicle and Liability Insurance)
13. The Location at Which the Applicant Intends to Do Business: _____

14. Dates of Sale: _____
15. The Nature of The Business the Applicant Intends to Conduct: _____

16. A Complete Inventory of The Goods the Applicant Intends to Offer for Sale: _____

Each license issued herein shall state in prominent language the following:
The holder of this License is not affiliated with nor endorsed by the City of Mt. Vernon, Illinois.

17. A Complete List and Description of The Service or Services the Applicant Intends to Offer for Sale: _____

18. A List of All Licenses to Conduct Business as a Transient Merchant or an Itinerant Vendor Obtained by the Applicant in the City of Mt. Vernon in the 12 Months Preceding the Date of Filing of the Application _____

19. Copies of Any License Issued by the State of Illinois Held by the Applicant Related to the Goods or Services Subject of The Application. _____

20. The Applicant Shall Provide A Copy of a Written Lease or Other Written Evidence from the Owner of the Location Where the Applicant Proposes to Sell Indicating Permission of the Owner to Use the Location. _____

21. Applicant Requests Copy of Section 110.04 of the City of Mt. Vernon Revised Code.
Yes: _____ No: _____

The person applying for this License swears that the contents are, to the best of their knowledge, true, that the Operator has read Section 110.04 of the City of Mt. Vernon Revised Code, and that Operator will comply with all applicable requirements.

Date _____ **APPLICANT'S SIGNATURE** _____

Filed this _____ day of _____, 20_____.

City Clerk of Mount Vernon, Illinois

(SEAL)

FOR OFFICE USE ONLY:

DATE OF ISSUE: _____ **LICENSE #:** _____
LICENSE FEE: _____ **CASH DEPOSIT:** _____
EFFECTIVE DATES FROM: _____ **TO:** _____