

VILLAGE OF FORSYTH

301 S. Route 51  
Forsyth, IL 62535

Phone: (217) 877-9445 / Fax: (217) 877-9863



**ITINERANT MERCHANT &  
TRANSIENT VENDOR LICENSE APPLICATION**

APPLICANT:

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

BUSINESS:

Business Name: \_\_\_\_\_

Address of Business \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

ON-SITE BUSINESS MANAGER (if someone other than applicant):

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

ITINERANT MERCHANT & TRANSIENT VENDOR INFORMATION:

Location of Business (attach a general site plan including details and dimensions for any structure or signage):

\_\_\_\_\_  
\_\_\_\_\_

\* Provide written permission by lease or signed letter from the person in control of the property authorizing the applicant to conduct business on the property for the specified dates.

Date(s) Seeking Itinerant Merchant or Transient Vendor License (maximum timeframe of 3 months per license):

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Describe the Nature of the Business to be Conducted:

List the Merchandise to be Offered For Sale (attach additional pages as necessary):

State of IL Tax Number: \_\_\_\_\_

OR provide a copy of the applicant's certificate of registration.

List any prior licenses issued within the Village or State of Illinois in the past 12 months and if any of those licenses have ever been denied or revoked:

List any information regarding any conviction of any felony or misdemeanor involving dishonesty, theft, fraud, false statements, a threat to public safety, or a crime involving sex offenses or offenses involving bodily harm against persons under the laws of this state or any other state or federal law of the United States within five (5) years of the date of the license application for any individual to be working for the applicant within the Village:

License Application Fees are as follows and are required at the time of application. The fee will not be refunded if the application is denied:

- \$10 per day # of days: \_\_\_\_\_
  - \$25 per week # of weeks: \_\_\_\_\_
  - \$50 per month # of months: \_\_\_\_\_
- Total License Application Fee: \$\_\_\_\_\_*

I certify that the above information is true and correct to the best of my knowledge. I understand that if the information contained on this application is false, the license is void.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )  
 ) SS

COUNTY OF \_\_\_\_\_ )

The undersigned swears that all statements are true and correct.

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

<b>For office use only</b>	
Application # _____	Permit Fee Paid: _____
Date approved: _____	Approved by: _____
Permit # _____	
If not Approved, Reason: _____	
Date not Approved: _____	Not Approved by: _____