



City of
Edwardsville
Third Oldest City in Illinois

Edwardsville Police Department	
Official Use Only	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
<input type="checkbox"/> Money Order #	_____

TRANSIENT MERCHANT LICENSE APPLICATION

(\$50.00 FOR 7 CONSECUTIVE DAYS)

REQUESTED LICENSING PERIOD: _____ *through* _____
 (7 CONSECUTIVE DAYS)

Name: _____
 (Please Print)

Telephone Number: _____

Date of Birth: _____

Driver's License Number: _____ State: _____

Male Female Height: _____ Weight: _____ Hair: _____

Nicknames: _____

Illinois Department of Revenue Sales Tax Number: _____

ADDRESSES MUST INCLUDE STREET NAMES AND NUMBERS

Present residence address: _____

_____ Phone: _____

How long at above address: _____

Temporary local living quarter's address, if applicable: _____

Permanent business address: _____
Street Address – No Post Office Box
Phone: _____

Legal name of business: _____

Doing Business As (D/B/A): _____

Home office address: _____
Phone: _____

District or regional office address: _____
Phone: _____

Name and complete address of person, firm, or corporation by whom the applicant is employed or represents, if different from above: _____
Phone: _____

Names and address of corporate officers (if applicable) shall be listed on reverse.

Please provide a brief description of the goods or services being offered by the applicant (i.e. nature of the business):

Locations(s) where applicant intends to conduct business pursuant to the requirements of this application:

Has the applicant ever had a license issued by this or another jurisdiction revoked for any reason: Yes No If yes, where: _____

Has the applicant ever been convicted of a violation of any like statute or ordinance of this or any other jurisdiction: Yes No If yes, where: _____

Is the business license of the parent company or associated subsidiary currently under suspension or revocation by any unit of government: Yes No
If yes, where: _____

Has the applicant ever been convicted of a felony under the laws of Illinois, any other state or the federal government: Yes No

If yes, state the location and the charge: _____

The number of persons who will be employed or otherwise involved in the sales or support related to this application: _____

Describe any vehicle(s) which will be used in conjunction with the subject activities (use reverse, if necessary):

Make: _____ Model: _____ Color: _____ Year: _____

License Plate Number: _____ State: _____

Make: _____ Model: _____ Color: _____ Year: _____

License Plate Number: _____ State: _____

Make: _____ Model: _____ Color: _____ Year: _____

License Plate Number: _____ State: _____

NOTICE: This application must be accompanied by the following:

1. A complete inventory of the goods the applicant intends to offer for sale or a description of services, if applicable.
2. A list of all licenses to conduct business as a transient merchant obtained by the applicant in the State of Illinois in the twelve (12) months preceding the date of this application.

Signed: _____
(Applicant)

Date: _____