



APPLICATION #: _____
Assigned by City Clerk's office

CITY OF EARLVILLE

Application for Permit as a Vendor or Itinerant Merchant

Personal Information

Name _____

Address (if different than what is shown on driver's license, state ID or passport)

Phone # _____ Email address _____

Previous/Maiden Name (if applicable) _____

Previous Address if at Present Address Less than 3 Years: _____

Has a Permit Issued to you by the City of Earlville or other municipality ever been revoked?
Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

Company Information

Company Name _____ Address _____

Company Phone Number _____

Contact Person _____ Length of Time Employed with Company _____

FEIN# _____ State of Illinois Tax ID# _____

Is applicant a Corporation ___ Partnership ___ or Sole Proprietorship ___

For a Corporation, provide State of Incorporation _____

Is corporation qualified to do business under the laws of the State of Illinois? Yes ___ No ___

Description of Business: Mobile Unit _____ In a Building _____

If a Mobile Unit: Truck ___ Trailer ___ Cart ___ Year ___ Make _____ Model _____
Color _____ License Plate _____ Vehicle Identification Number _____

Name, address and phone number of the owner of mobile unit, if different than applicant: _____

Description of commodities or merchandise to be sold, or for which orders will be taken
: _____

Location where applicant will be located/stationed: _____

**If located on private property written consent to operate from the affected private property owner submitted.

Period of Time requested for Vendor Permit: Entire fiscal year (May 1 – April 30)____
Quarter 1 (May-July)____ 2 (August-October)____ 3 (November-January)____ 4 (February-April)____

Period of time requested for Itinerant Merchant Permit:(120 day max.) From:_____ to_____

Date of Last Application for Permit (if applicable) _____

ALL ANSWERS ON THIS APPLICATION ARE UNDER OATH AND ARE SUBJECT TO THE PENALTIES FOR PERJURY.

- ❖ Vendor shall furnish a certificate of insurance showing that it maintains such public liability, food products liability, and property damage insurance as will protect Vendor, property owners, and the City from all claims for damage to property or bodily injury, including death, which may arise from the operations under the permit or in connection therewith. Such insurance shall provide coverage of not less than one million dollars (\$1,000,000.00) per occurrence, two million dollars (\$2,000,000.00) in aggregate. The City of Earlville must be named as an additional insured. The policy shall further provide that it may not be cancelled except upon a thirty (30) day written notice served upon the City. The Vendor, applicant(s), and any employee(s) or agent(s) that will be operating the mobile vendor unit shall also submit proof of automobile liability insurance. A permit issued pursuant to the provisions of this Section shall be invalid at any time the insurance required herein is not maintained and evidence of continuing coverage is not filed with the City.
- ❖ If applicant is selling food items a copy of the required LaSalle County Health Department Permit must be attached to the application
- ❖ A copy of a driver's license (or state issued ID or passport) is required for the applicant and each individual acting on behalf of or working for the applicant.
- ❖ Vendor or Itinerant Merchant shall hold harmless the city and its officers and employees, and shall indemnify the city, its officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of the permit.
- ❖ By signing this application, you are authorizing the City of Earlville to perform a background check.

Original Signature of Applicant

Date

Completed Application for Permit and all supporting documentation shall be turned into the City Clerk's Office at 210 W. Railroad St., Earlville, IL 60518, no less than 15 days prior to permit issuance.

Nonrefundable Application fee of \$25.00 is due with application.

All incomplete applications will be denied.

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FOR OFFICE USE ONLY:

Application Received By: _____ on _____

Application fee of \$ _____ Payment Type: Cash _____ Check _____ Debit/Credit Card _____

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TO BE COMPLETED BY THE MAYOR:

- ____ All sections of application filled out
- ____ Copy of Driver's License(s) or State Issued ID(s) or Passport provided
- ____ Proper Certificate of Insurance provided
- ____ Location verified in compliance with Ordinance guidelines
- ____ Written consent from private property owner, if applicable
- ____ Completed and approved background checks attached
- ____ Copy of LaSalle County Health Department Permit, if applicable

Permit Approved on: _____ Permit Denied on: _____ By: _____

Notification of Approval/Denial given by: Phone _____ Mail _____ In Person _____, on _____

By: _____

(signature)

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FOR OFFICE USE ONLY:

Permit Fee Received By: _____ on _____

Permit fee of \$ _____ Payment Type: Cash _____ Check _____ Debit/Credit Card _____

BACKGROUND CHECK WAIVER FORM

The facts set forth in my application for a:

Vendor ____ Itinerant Merchant ____

Are true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification or willful omission shall be sufficient reason for denial of the permit.

I hereby authorize investigation of all statements contained in my recent application and/or original application with your firm regarding my personal history, financial and credit record, employment, education, criminal history, if any, or driving history through an investigative agency of your choice.

I hereby state that I have not been convicted in the past four years of a felony, any sex offense as defined in Chapter 720, Act 5, Article 11 of the Illinois Compiled Statutes, or any of the following crimes as defined in said Chapter 720: assault, deception, criminal damage to property, criminal possession of any dangerous or narcotic drug, or disorderly conduct. I certify the above to be true and correct to the best of my knowledge and that I shall not violate any state laws of the State of Illinois or the ordinances of the City of Earlville.

I hereby release from liability your company and all agents of your company of their acts performed in good faith and without malice in connection with evaluating my application, my credentials and qualifications. I hereby release from liability any and all individuals and organizations, any firm, institution or court, releasing data pertinent to the review of my application and information released in good faith and without malice concerning my professional competence, ethics, character and other qualifications.

Original Signature of Applicant

Date

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FOR POLICE DEPARTMENT USE ONLY:

Date completed: _____

Background check passed: _____

Background check failed: _____ **Reason:** _____

Completed by (printed name) _____

Signature: _____