



APPLICATION for an ITINERANT MERCHANT

CITY OF ALTON, ILLINOIS

Cameo C. Foster • Alton City Treasurer

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All indebtedness to the City of Alton must be paid in full before a license is issued.

PLEASE PRINT

NAME: _____

ADDRESS: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **CELL:** _____

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

LOCATION WHERE THE BUSINESS WILL BE LOCATED: _____

I, _____ dba _____, acknowledge that as an Itinerant Merchant in the City of Alton, I must abide by the following conditions:

- Only conduct business within properly zoned areas
- Business CAN NOT be conducted on City Property
- Submit written permission from the property owner
- Notify this office with initial location
- Notify this office prior to any change in location
- Provide an accurate sales accounting on a weekly basis
- Submit an Illinois Business Tax Number: _____
- Submit a Surety Bond or Cash Deposit of \$1,000.00
- Submit fee of \$600.00

Below is a link to the City code which contains information for: ITINERANT MERCHANT

http://www.sterlingcodifiers.com/codebook/index.php?book_id=461 (Title 4, Chapter 9)

Signature

Date



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ALTON POLICE DEPARTMENT
1700 E. Broadway Alton, IL 62002

Telephone: (618) 463-3505

Fax Administrator: (618) 462-3797

Fax Patrol: (618) 463-1967

Fax Records: (618) 462-3864

Website: www.altonpolice.com

APPLICANT:

(Please attach a copy of Driver's License, to be used by Police Department only)

DATE OF BIRTH: _____ PLACE OF BIRTH _____
(City, State)

SOCIAL SECURITY #: _____ - _____ - _____

BUSINESS EMERGENCY CONTACT INFORMATION

(This information is kept confidential and is for Alton Police Dept. use only)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS OWNER: _____

BUSINESS PHONE: _____

BUSINESS HOURS: _____

***EMERGENCY CONTACT PERSON: Should have a minimum of two names. Only key holders should be listed. Please list for each: Name, Date of Birth, Home Address, Home Phone, Business Phone (if different from listed business), pager/other number, and/or Cellular phone number.**

1. Name: _____ DOB: _____
First, Middle, Last *MM/DD/YY*

Position: _____
Constituent-Owner/Manager/Employee

Home Address: _____
Street *City, State* *ZIP*

Home Phone: _____ Business Phone: _____

Pager/Other: _____ Cellular: _____

2. Name: _____ DOB: _____
First, Middle, Last *MM/DD/YY*

Position: _____
Constituent-Owner/Manager/Employee

Home Address: _____
Street *City, State* *ZIP*

Home Phone: _____ Business Phone: _____

Pager/Other: _____ Cellular: _____