



## APPLICATION for a PEDDLERS / SOLICITORS LICENSE

CITY OF ALTON, ILLINOIS

Cameo C. Foster • Alton City Treasurer

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

Fax: (618) 463-3520

E-mail: [cfoster@cityofaltonil.com](mailto:cfoster@cityofaltonil.com)

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

Dear Applicant:

Thank you for choosing the City of Alton to locate your business. The business community is a vital ingredient in the continued growth of the City.

The application process that you will begin is a procedure that under normal circumstances will take approximately 14-21 days to complete. Please complete the enclosed application and return it to this office along with a copy of the applicant's driver's license and the application fee of \$100.00.

Once the application is approved, we will need a photograph of the applicant, which will be used to make an identification badge, which the licensee will wear when going door-to-door in Alton.

Below is a link to the City code which contains information for: PEDDLERS, SOLICITORS, TRANSIENT MERCHANTS, and ITINERANT VENDORS.

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

For specific questions related to Business Licensing or if you choose to no longer operate a business in Alton, please notify the Licensing Department in writing at: 101 E Third, Suite 102, Alton, Il 62002 or e-mail: [license@cityofaltonil.com](mailto:license@cityofaltonil.com).

- Forms can be found online at:
  - [www.cityofaltonil.com](http://www.cityofaltonil.com)
  - Forms and Applications
    - Peddlers Solicitors Application
    - Itinerant Merchant Application

Once again thank you for choosing Alton.

Sincerely,

Cameo C. Foster

CCF/ac



**APPLICATION for a PEDDLERS / SOLICITORS LICENSE**

**CITY OF ALTON, ILLINOIS**

**Cameo C. Foster • Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [cfoster@cityofaltonil.com](mailto:cfoster@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

**PRINT or TYPE ONLY**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

S.S. # \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(City, State, ZIP)

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**DESCRIPTION OF APPLICANT:**

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

(City, State)

**BUSINESS OR ORGANIZATION APPLICANT IS REPRESENTING:**

BUSINESS NAME: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IS THERE A DIFFERENT ADDRESS FOR MAILING? \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WHAT MERCHANDISE WILL YOU SELL? \_\_\_\_\_

ILLINOIS BUSINESS TAX NUMBER (IBT#): \_\_\_\_\_

**HAS APPLICATION TO SOLICIT CONTRIBUTIONS EVER BEEN DENIED OR REVOKED?**

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, WHAT IS THE DATE AND REASON FOR DENIAL OR REVOCATION: \_\_\_\_\_

**\*\*A copy of your current Drivers License must be included along with the application fee of \$100.00\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date