



CITY OF CHILLICOTHE

Office of the City Clerk 908 N SECOND ST., PO BOX 145, CHILLICOTHE, IL 61523 (309)274-5518

VENDOR LICENSE APPLICATION

APPLICATION NO. _____

DATE: _____

APPLICANT NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

EMAIL: _____

BUSINESS PHONE: _____

CELL PHONE: _____

DRIVERS LICENSE #: _____

IBT#: _____

Description of product(s) to be sold: _____

Desired location(s) to sell products: _____

I, the undersigned, request the usage of public property as described above for the purpose of selling the product(s) described herein. My signature indicates that I have read, understand, and agree to all of the provisions and regulations for using said public property detailed in Chapter 22, Article 4, of the City of Chillicothe code book. I agree to provide proof of Licensing by the County Health Department where applicable or when requested. I also understand the fee for this application is as follows:

Licenses for Street and Sidewalk vendors.....\$50.00

Licenses for Street and Sidewalk vendors in conjunction with special event.....\$15.00

My signature indicates that I have not been convicted of any criminal offense or ordinance violation (other than traffic or parking offenses) in any jurisdiction. If I have ever been convicted of a criminal offense, I have listed them on the back of this application with date and prosecuting jurisdiction. Attach evidence of appropriate insurance coverage.

Additionally, I have attached a signed letter of consent form any and all business owners whose property is adjacent to the location(s) I intend to sell my product.

Signature Required

Date

*****VALIDATION AREA*****

Date Received by City Clerk: _____

Fee Received: Cash Check # _____