

MOBILE COMMERCE VENDOR and ITINERANT MERCHANT APPLICATION

Staff Use Only
Submittal date:
Permit #:

THIS APPLICATION IS NOT AN APPROVED PERMIT

City of Belleville 101 South Illinois Street Belleville, IL 62220 (618) 233-6810

APPLICATION FEE: \$100.00

Application fee to be paid upon submittal

REASON FOR APPLICATION:

☐ Food Truck ☐ Mobile Retail Shop ☐ Itinerant Merchant
PLEASE REFER TO ORDINANCE #8068-2017 FOR THE SPECIFIC
REGULATIONS OF AN ITINERANT MERCHANT AND/OR MOBILE
COMMERCE VENDOR

There is a \$100.00 application processing fee required which is due at the time application is completed. Applicant hereby authorizes the release to the City of Belleville any records, and any other relevant information for the sole purpose of determining the moral character of applicant. ALL LICENSES FOR ITINERANT MERCHANTS and MOBILE COMMERCE VENDOR EXPIRE APRIL 30TH. ITINERANT MERCHANTS MUST APPLY FOR A SEASONAL COMMERCIAL OCCUPANCY PERMIT.

BUSINESS & APPLICANT INFORMATION		
Name of Business/Employer:		
Business/Employer Address:		
Business/Employer Telephone Number:		
Business/Employer Contact Name:		
Employer Tax ID Number:		
If Corporation, Name of Corporation Officers:		
If Partnership, Name of Partners:		
Applicant name:	Applicant Telephone Number: Applicant Fax Number:	
Applicant Title:	Applicant email:	
Applicant mailing address:		
Name and Address of Institution/Person(s) with Custody of Applicant's Fina	ancial Records:	
A copy of the Illinois Sales Tax Certification is required when submitting an application for food truck or mobile retail shop.		
IL Sales Tax Number: Number of employees: Typical hours of operation: ATTACH COPY OF CERTIFICATE		
Name of Municipalities/Governmental Units where similar license has been	received/applied for within last 12 months:	

perjury that this form has been completed to the best of my kn	nerce Vendor License Application, I certify under penalty of nowledge. I understand that completion of this form does not exempt h all codes, ordinances, and regulations of the City of Belleville, Illinois.
1	, (Printed name of applicant) certify that all of the above statements
and the statements contained in any papers or plans submittee	
and the state ment of the ment of the state	
Applicant signature	Date:
The following documents n	nust be attached to this application:
The following documents n Copy of Illinois Sales Tax Registration	nust be attached to this application:
_	nust be attached to this application:
Copy of Illinois Sales Tax Registration	nust be attached to this application:
Copy of Illinois Sales Tax Registration Copy of local health permit	
Copy of Illinois Sales Tax Registration Copy of local health permit Copy of applicant's driver's license	
 Copy of Illinois Sales Tax Registration Copy of local health permit Copy of applicant's driver's license Copy of vehicle registration for mobile commerce vehicle 	
Copy of Illinois Sales Tax Registration Copy of local health permit Copy of applicant's driver's license Copy of vehicle registration for mobile commerce vehicle Picture of mobile commerce vehicle	
Copy of Illinois Sales Tax Registration Copy of local health permit Copy of applicant's driver's license Copy of vehicle registration for mobile commerce vehicle Picture of mobile commerce vehicle Copy of Certificate of Liability Insurance Copy of Vehicle Insurance	
Copy of Illinois Sales Tax Registration Copy of local health permit Copy of applicant's driver's license Copy of vehicle registration for mobile commerce vehicle Picture of mobile commerce vehicle Copy of Certificate of Liability Insurance Copy of Vehicle Insurance	
Copy of Illinois Sales Tax Registration Copy of local health permit Copy of applicant's driver's license Copy of vehicle registration for mobile commerce vehicle Picture of mobile commerce vehicle Copy of Certificate of Liability Insurance Copy of Vehicle Insurance	

STAFF USE ONLY

ITINERANT MERCHANT and MOBILE COMMERCE VENDOR LICENSE APPLICATION

CLERK'S OFFICE:
☐ Certificate of Liability ☐ Copy of Driver's License of Applicant ☐ Copy of Vehicle Insurance ☐ Copy of IL Sales Tax Registration
Copy of Local Health Department License Copy of Vehicle Registration Picture of Mobile Commerce Vehicle
☐ Approval of Sale Location (if applicable) ☐ Copy of Application sent to EDZ&P for Seasonal Commercial Occupancy (if applicable)
☐ Verified NO indebtedness to City
Approved Denied If denied, the reason:
Notes:
itaff approved: Date:
Contact: City Clerk – Email: <u>imeyer@belleville.net</u> Phone: 618-233-6810 Ext. 1227