



## CITY CLERK'S OFFICE

Operating Under Council – Manager Government Since 1957

### Application for Peddler Hawker/Solicitor/Transient Merchant

This form must be completed and returned with a check payable to the City of Galesburg along with the fee to the City Clerk's Office 55 West Tompkins Street, Galesburg, IL 61401. Please call 309/345-3600, for more information or questions.

#### Definitions:

Peddler Hawker is a person going from one residence to another selling goods or services.

Transient Merchant is a person temporarily selling goods in the City while occupying a vehicle, vacant lot, or structure of any kind, with the property owner's permission.

#### Fees are as follows:

\$50.00 application fee and \$125.00 annual license fee per person per calendar year. January 1 – December 31.

Please **CIRCLE** one:                      Peddler/Hawker                      Transient Merchant

#### Step One

Business Name \_\_\_\_\_

Address of Business \_\_\_\_\_

Applicants Name \_\_\_\_\_

Applicants Address \_\_\_\_\_

Local Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

#### Position (Please Circle One)

Owner              Supervisor              Driver              Salesperson              Other: \_\_\_\_\_

#### Identification of Applicant:

Driver's License Number \_\_\_\_\_ State I.D. Number \_\_\_\_\_

#### Vehicle(s) used during operation.

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate \_\_\_\_\_ State \_\_\_\_\_

List of goods or services the applicant intends to offer for sale.

Have you ever been convicted of a violation of any of the provisions of the ordinance, or the ordinance of any other municipality of this state regulating soliciting, peddling, or itinerant merchants; or previously been convicted of a felony under the laws of this state or any other state, or federal law of the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_



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### **Step Two**

This step is to be completed by those applying for a Transient Merchant's license.

(Peddler/Hawker move to Step Three)

Do you represent a corporation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the business is a corporation, the following information must be provided:

Corporate Officers:

| Title | Name | Address |
|-------|------|---------|
|-------|------|---------|

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Location in which applicant intends to do business \_\_\_\_\_

Owner of above listed location \_\_\_\_\_

The nature of the business the applicant intends to conduct \_\_\_\_\_

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List all the licenses to conduct business as a transient merchant obtained by the applicant in this state during the twelve months preceding the date of filing of the application.

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A copy of the applicant's certificate of registration under the Retailers Occupation Tax Act shall be attached to this application \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

A surety bond or cash deposit shall be filed with the licensing agency (City of Galesburg) equal to 50% of all wholesale value of the merchandise that the applicant intends to offer for sale; however, the amount of the bond or deposit shall not be less than \$1,000 or more than \$10,000. Surety Bond \$ \_\_\_\_\_ Cash Deposit \$ \_\_\_\_\_

Deposits or bonds will be sent to the office of the State Attorney General in Springfield, Illinois within 14 days after the expiration of this license, and the Attorney General shall hold such deposit or bond for two (2) years for the benefit for any person who suffers loss or damage as a result of the purchase of merchandise from said person licensed under this Act or as the result of the negligent or intentionally tortuous act of the person licensed under this Act. The Attorney General shall pay any portion of the bond or deposit to any person in accordance with the order of a court without making an independent finding as to the amount of the bond or deposit to any person in accordance with the order of a court without making an independent finding as to the amount of the bond or deposit that is payable to that person. Any balance of said deposit held by the Attorney General two years after the expiration of a license of a person under this Act shall be refunded to the applicant at the address previously listed.

All licenses shall expire on December 31 of the year of the request of this application.



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### **Step Three**

Dates for which license is requested \_\_\_\_\_

Illinois Sales Tax Number \_\_\_\_\_

Please initial to confirm you agree and have read the following:

\_\_\_\_\_ I understand the hours of operation are from 9am to 7pm.

\_\_\_\_\_ I will leave the premise when asked.

\_\_\_\_\_ I will not falsely represent myself as being from another entity other than the company listed on my badge.

\_\_\_\_\_ I agree that I do NOT represent the City of Galesburg.

\_\_\_\_\_ I acknowledge that I can be fined or have my badge revoked at any time for misrepresentation.

I hereby affirm that the information as provided in this application is true to the best of my knowledge and hereby acknowledge that any knowingly false statements can subject the undersigned to the penalties under the law, revocation of license, and forfeiture of bond.

\_\_\_\_\_  
Signature

### **Step Four** (to be completed by the Galesburg Police Department)

The following report have been completed.

|                           | Results | Clerk |
|---------------------------|---------|-------|
| 1. Master Index/PIMS/ICIS | _____   | _____ |
| 2. Local Checks           | _____   | _____ |
| 3. Pro Phoenix            | _____   | _____ |

The above application has been:

Approved

Denied

By order of Chief of Police, Galesburg, Illinois.

By \_\_\_\_\_ Date \_\_\_\_\_



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### Authorization for release of personal information

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Galesburg Police Department, whether the said records are of public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of collecting such information.

I hereby swear/affirm that all information in or supplementing this application are complete, true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information on this application is grounds for revocation if discovered subsequent to licensing.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this “Authorization for Release of Personal Information.”

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_