



**Community Development &  
Fire Department**

100 Carrington Dr., West Dundee, IL 60118  
847-551-3805 FAX 847-551-3814

**ITINERANT MERCHANT LICENSE APPLICATION**

I, (We), the undersigned, hereby make application for an Itinerant Merchant License under the ordinances of the Village of West Dundee for conducting a business. Any omissions or misstatements of facts herein may cause forfeiture for granting of the Itinerant Merchant License.

**BUSINESS INFORMATION**

Today's Date: \_\_\_\_\_

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

Doing Business As \_\_\_\_\_

IL Business Tax No.  
IBT # \_\_\_\_\_

Name as it appears on  
IL Retail Sales Tax List \_\_\_\_\_

FEIN # (Federal Employer ID Number) \_\_\_\_\_

Business Description: \_\_\_\_\_

Location (s) \_\_\_\_\_

**OWNER INFORMATION**

Copy of Valid Drivers License Attached ( )

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, St, Zip \_\_\_\_\_ Fax Number \_\_\_\_\_

How many years at above address: \_\_\_\_\_ SS # \_\_\_\_\_

Previous address if less than 3 years \_\_\_\_\_

Email Address \_\_\_\_\_

Name and Address of employers for past 3 years: \_\_\_\_\_

Have you been convicted of a felony within the past 10 years? ( ) YES ( ) NO

A misdemeanor or ordinance violation within the past 5 years? ( ) Yes ( ) No

**FEES**

**DATES**

\_\_\_\_\_ DAYS @ \$50/DAY \$ \_\_\_\_\_

\_\_\_\_\_ WEEKS @ \$200/WK \$ \_\_\_\_\_

\_\_\_\_\_ YEAR @ \$500/YR \$ \_\_\_\_\_

TOTAL FEES ENCLOSED

PRINT NAME AND TITLE

SIGNATURE OF OWNER OR MANAGER IS REQUIRED

DATE PD \_\_\_\_\_ BATCH \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH