



**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