

APPLICATION MUST BE MADE IN PERSON NO FAX. DRIVER LICENSE MUST BE PRESENTED

City of Streator
204 S. Bloomington Street
Streator, Illinois 61364
815/672-2517 Fax 815/672-7566



IN PERSON APPLICATION FOR A PERMIT -- PEDDLER AND SOLICITORS

Reference: Streator Municipal Code Chapter 5.32

Applicant's First Middle & Last Names: _____ Phone: _____

Applicant's Home Address: _____

Driver's License Number _____ State: _____ Date of Birth: _____

Description of the nature of the business and goods to be sold.

Name of Employer or Business Name: _____

Address, City, Zip of Employer or Business: _____

Dates for which the peddling or solicitation will take place:
(Maximum is one week)

Start Date: _____

End Date: _____

Hours of solicitation are 9:00 am to 6:00 pm

Names and addresses of two reliable persons who, at the time of this application, live within the County of LaSalle and will vouch for the applicant's good character

Name, Address, City, Zip

Name, Address, City, Zip

I certify that I have never been convicted of a felony, misdemeanor, or a violation of the Streator Municipal Code.
 YES No – If no state the nature of the offense and the penalty assessed on the reverse of this form. I authorize the City of Streator Police Department to conduct a local background investigation and a national check for outstanding warrants.

Full Signature of Applicant _____ Date: _____

-----FOR CITY USE-----

Application Fees of \$400.00 per week plus \$25.00 for each individual

Paid on: _____ Received by: _____

POLICE DEPARTMENT ACTION

Satisfactory Investigation Results – Application Recommended

Unsatisfactory Investigation Results – Application Not Recommended (reason attached)

Chief of Police/Designee Signature _____ Date: _____

CITY CLERK ACTION

Permit Approved & Issued by this Document.

Permit Not Issued & Applicant Informed.

City Clerk Signature _____ Date: _____