



City of Streator
 204 South Bloomington Street
 Streator, Illinois 61364
 Phone: (815) 672-2517
 Fax: (815) 672-7566

Permit #: _____

Fees:
 \$200 per year paid in advance
 \$150 for 6 months

MOBILE VENDOR PERMIT APPLICATION

MUST BE MADE IN PERSON—NO FAX—DRIVER'S LICENSE MUST BE PRESENTED

Reference: Streator Municipal Code Chapter 5.32

Applicant's First/Middle/Last Name: _____ Phone #: _____

Applicant's Home Address: _____

Applicant's Driver's License #: _____ State: ____ Date of Birth: _____

Make/Model/Year of Vehicle to be used: _____

State of Illinois License Plate #: _____

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: _____

I certify that I have never been convicted of a felony, misdemeanor, or a violation of the Streator Municipal Code.

YES NO – If yes state the nature of the offense and the penalty assessed on the reverse of this form.

I certify that I am NOT a registered sex offender.

YES NO

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: _____

DOCUMENTS TO BE SUBMITTED WITH APPLICATION

- Applicant's certificate of registration under the Illinois Retailer's Occupation Tax Act
- Applicant's Illinois Driver's License
- Applicant's LaSalle County Health Department Food Permit (if required by LaSalle County)
- Applicant's public liability insurance policy covering the subject vehicle

PAID STAMP

~~~~~FOR CITY USE~~~~~

**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: \_\_\_\_\_