



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

Permit #: \_\_\_\_\_

**FEEs: \$200.00 per Month per Location paid in Advance plus \$500.00 Security/Surety bond or check (shall be returned within 30 days of activity end unless claims are made against the Transient Merchant)**

**TRANSIENT MERCHANT PERMIT APPLICATION**

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

Reference: Streator Municipal Code Chapter 5.60 & 35 ILCS 120/2a

Applicant's First/Middle/Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Home Address/City/State/Zip: \_\_\_\_\_

Applicant's Driver's License #: \_\_\_\_\_ State: \_\_\_\_ Date of Birth: \_\_\_\_\_

**Place(s) of Sales & Description of the Nature of the Business and Goods to be Sold**

Retailer's Occupation Tax Certificate of Registration #: \_\_\_\_\_

Address, City, Zip of Employer or Business: \_\_\_\_\_

Dates for which the Transient Sales will take place (Application Fee is Per Month): \_\_\_\_\_

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: \_\_\_\_\_

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