

# LOCAL APPLICATION FOR PEDDLER'S LICENSE

**CITY OF AUBURN, (SANGAMON COUNTY) ILLINOIS**  
324 West Jefferson Street Phone: (217) 438-6151  
Auburn, IL 62615

FOR OFFICE USE ONLY	
Date Received:	
Amount Fee Pd:	
Crim Background:	
Date Approved:	
License Number:	
Date Expires:	

(SEE SECTION 19 FOR A COMPLETE LOOK AT THE LAWS OF THE CITY OF AUBURN PERTAINING TO PEDDLERS.)

**DATE OF APPLICATION:** \_\_\_\_\_

**FULL NAME OF APPLICANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **MALE / FEMALE:** \_\_\_\_\_

**DRIVER'S LICENSE #:** \_\_\_\_\_ **STATE OF ISSUE:** \_\_\_\_\_

**APPLICANT'S LOCAL ADDRESS:** \_\_\_\_\_ **APPLICANT'S PERMANENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S CELL PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **OTHER:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

A) Have you ever been convicted of any crime, misdemeanor or violation of any state or federal law or municipal ordinance or code? (circle one) **YES** or **NO**

If yes, what was the place of conviction (city, county and state)? \_\_\_\_\_  
\_\_\_\_\_

If yes, what was the nature of the offense(s)? \_\_\_\_\_  
\_\_\_\_\_

If yes, what was the punishment or penalty assessed therefore? \_\_\_\_\_  
\_\_\_\_\_

B) Will you, upon any sale or order, demand, accept or receive payment or any deposit of money in advance of final delivery? (circle one) **YES** or **NO** If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

C) Period of time you plan to engage in business within Auburn? \_\_\_\_\_  
\_\_\_\_\_

D) The kinds of goods, wares, merchandise or services you will be peddling? \_\_\_\_\_  
\_\_\_\_\_

E) What are the last five (5) cities or towns you worked in immediately prior to coming here?  
(include state if not Illinois) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

COMPANY'S LOCAL ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY'S PERMANENT ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY'S PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OR: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MAIN CONTACT NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FEIN #: \_\_\_\_\_

IL SALES TAX #: \_\_\_\_\_

FEE TO BE PAID .....	# .....	TOTAL DUE .....	DATE PAID THROUGH
Per day .....	\$100.00 .....	\$ .....	_____
Per week .....	\$500.00 .....	\$ .....	_____
Per month .....	\$750.00 .....	\$ .....	_____
Per 3 months .....	\$1,000.00 .....	\$ .....	_____
Per 6 months .....	\$1,500.00 .....	\$ .....	_____
Per 12 months .....	\$3,000.00 .....	Maximum .....	\$3,000.00 .....

BOND ATTACHED? (per Sec 19-25) Yes or No

CLERK APPOINTED AGENT? (per Sec 19-26) Yes or No

HOURS OF OPERATION: 9:00 a.m. through 6:00 p.m. Monday through Saturday  
(NOT ALLOWED ON SUNDAYS)

MON	TUES	WED	THURS	FRI	SAT	SUN
						Not Allowed

**AFFIDAVIT AND SIGNATURE:** *Application must be signed in ink; rubber stamps are not accepted.*

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in this application are true and correct; they are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Auburn to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the United States of America or the State of Illinois or the City of Auburn, Illinois, in particular the Illinois Peddler rules and regulations, the civil rights sections, and the ordinances of the City of Auburn now in force, or which may be hereafter passed. I agree, if requested by the City of Auburn, to permit a fingerprint record be done by the Auburn Police Department.

FURTHER, I AGREE TO NOTIFY THE CITY OF AUBURN WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT / AUTHORIZED AGENT

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
TITLE / POSITION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC (SEAL)

## FINGERPRINT REQUIREMENTS

Fingerprints are required to obtain a liquor license in the City of Auburn.

Below is the location and contact information of the business in which the City utilizes for this service:

FIRM Systems  
206 South Sixth Street  
Springfield, IL 62701  
217-321-0337  
Toll Free 866-721-1203 ext 133

**A fee of \$53.00 is required to obtain fingerprinting through FIRM Systems. It is the responsibility of the applicant to pay for the service at the time of fingerprinting.**