

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: _____

Number of days for which the peddling or solicitation will take place (Maximum is one week)
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: _____