

Itinerant Sale Permit Application

Site Address:		Unit #:		Office Use Only Application Number: Permit Issued: Permit Number: Permit Ready to Issue: Permit Fee: Contacted: Phone Email	
Business Name: <i>(if applicable)</i>					
Start Date:		End Date:		Application Date:	
Start Time:		End Time:		* Cannot last longer than 3 consecutive days, regular hours * No more than three (3) itinerant sales are held on the same premises during any calendar year	
Applicant <i>(check one)</i>		Name	Address	Email	Phone
	Owner of Property				
	Home Base Address				
	Person in Charge of the Transient Business				Local Number Required
Required Items to be Submitted by Applicant					
Yes	No	Parking Plan Attached			
Yes	No	Site Plan Attached			
Yes	No	Plans for temporary structures that may be constructed/installed Attached			
Yes	No	Consent from Business/Property Owner for use of area			
Yes	No	Arrangement for use of sanitary facilities			
Yes	No	Copy of surety bond of at least \$3,000.00			
Yes	No	Copy of liability Insurance – minimum \$20,000			
Yes	No	IRS Tax Identification No. _____			
Yes	No	Description of Goods to be Sold			
Yes	No	Illinois Sale Tax Number _____			

Applicant Signature: _____



- PLEASE ATTACH PLANS / SKETCHES TO THIS APPLICATION.
- PERMITS MUST BE OBTAINED BEFORE WORK BEGINS.
- SUBMISSION OF THIS FORM DOES NOT GUARANTEE OR GRANT APPROVAL TO START WORK.
- ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE A PERMIT.
- APPLICATION VOID IF WORK IS NOT STARTED WITHIN 6-MONTHS AFTER PERMIT ISSUANCE.