



# Village of South Jacksonville

301 Dewey Drive, South Jacksonville, IL, 62650

Phone: 217-245-4803 Fax: 217-245-5641

[www.southjacksonville-il.gov](http://www.southjacksonville-il.gov)

## BUSINESS OR ORGANIZATION (GROUP) PEDDLER/SOLICITATION APPLICATION

License Fee: \$25 for the first day; and \$10 for each day thereafter

License shall be nontransferable

[Charitable Organizations will have fee waived]

### Business or Organization Identification:

Legal Name of Business/Organization: \_\_\_\_\_

Doing Business as (d/b/a), if different than above: \_\_\_\_\_

Illinois Business Tax (IBT) Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_ - \_\_\_\_\_

If you are a proprietorship, provide a Social Security Number (SSN), under which taxes will be filed:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Supervisor/Handler Information- If supervised by an accompanying handler, must provide the following information

Name: _____		
(Last)	(First)	(Middle Initial)
Primary Telephone: (____) - _____ - _____		
Cell Phone: (____) - _____ - _____		
Vehicle Make: _____	Model: _____	Year: _____ Color: _____
License Plate Number: _____		
Driver's License Number: _____	State of Issue: _____	
Date Issued: _____	Date Expires: _____	

**Primary Business Contact Information**

Name of Owner/Supervisor: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Position/Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Telephone: (\_\_\_\_)- \_\_\_\_-\_\_\_\_ Fax Number: (\_\_\_\_)- \_\_\_\_-\_\_\_\_

Current Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Mailing Address, if different from above** Same as above

Current Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Additional Contact Person Information, if applicable:**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Position/Title: \_\_\_\_\_

Primary Telephone: (\_\_\_\_)- \_\_\_\_-\_\_\_\_ Fax Number: (\_\_\_\_)- \_\_\_\_-\_\_\_\_

Current Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Email Address: \_\_\_\_\_

**\*Final Point of Sale Address (REQUIRED- Permit will not be processed if not completed)**

- Same as Primary Business Address
- Same as Mailing Address
- At Residence in the Village of South Jacksonville
- Other (Explain): \_\_\_\_\_

**Primary Business Contact Vehicle Information**

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

**Additional People Involved with Solicitation along with Vehicle Information, if applicable:**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Primary Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Primary Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

3. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Primary Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

4. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Primary Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

5. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Primary Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Describe nature of business/goods to be sold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) peddling/soliciting in the Village of South Jacksonville: \_\_\_\_\_

\_\_\_\_\_

Have you, or anyone listed as a peddler/solicitor on this application, even been convicted of a felony?

Yes No

If yes, please explain: (answering yes may not disqualify you)

\_\_\_\_\_

Are charges currently pending against you, or anyone listed as a peddler/solicitor on this application?

Yes No

If yes, please explain: (answering yes may not disqualify you)

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Is your Driver's License suspended or revoked? Yes No

Are you required to register as a sex offender? Yes No

I attest that the information provided herein is complete and accurate to the best of my knowledge; and I have been provided a copy of Ordinance No. 1026 entitled "An Ordinance Amending Ordinance Number 8 'Relating to Licenses' Regulating Peddlers and Solicitors for the Village of South Jacksonville".

Please provide the following documents when submitting the Application:

1. Copy of Driver's License
2. Photo taken within the last 60 days
3. *If applicable*, Retailer's Occupation Tax Identification Number or receipt showing retailer's occupation tax on goods to be sold has already been paid
4. Proof of fingerprinting (s) performed at "Live Scan" vendor  
(See <http://www.isp.state.il.us/crimhistory/livescan> for complete list of approved vendors)
5. Result of Criminal Background Check(s) conducted by ISP within the past thirty (30) days

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(Signature of Applicant)

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(Date)

\*Application will be processed within seven (7) business days