

**MOBILE COMMERCE VENDOR
and
ITINERANT MERCHANT
APPLICATION**



Staff Use Only

Submittal date: _____

Permit #: _____

City of Belleville
101 South Illinois Street
Belleville, IL 62220
(618) 233-6810

**THIS APPLICATION IS NOT AN
APPROVED PERMIT**

APPLICATION FEE: \$100.00
Application fee to be paid upon submittal

REASON FOR APPLICATION:

Food Truck Mobile Retail Shop Itinerant Merchant
**PLEASE REFER TO ORDINANCE #8068-2017 FOR THE SPECIFIC
REGULATIONS OF AN ITINERANT MERCHANT AND/OR MOBILE
COMMERCE VENDOR**

There is a \$100.00 application processing fee required which is due at the time application is completed. Applicant hereby authorizes the release to the City of Belleville any records, and any other relevant information for the sole purpose of determining the moral character of applicant. ALL LICENSES FOR ITINERANT MERCHANTS and MOBILE COMMERCE VENDOR EXPIRE APRIL 30TH. ITINERANT MERCHANTS MUST APPLY FOR A SEASONAL COMMERCIAL OCCUPANCY PERMIT.

BUSINESS & APPLICANT INFORMATION

Name of Business/Employer: _____

Business/Employer Address: _____

Business/Employer Telephone Number: _____

Business/Employer Contact Name: _____

Employer Tax ID Number: ____ - _____

If Corporation, Name of Corporation Officers: _____

If Partnership, Name of Partners: _____

Applicant name: _____

Applicant Title: _____

Applicant Telephone Number: _____

Applicant Fax Number: _____

Applicant email: _____

Applicant mailing address: _____

Name and Address of Institution/Person(s) with Custody of Applicant's Financial Records: _____

A copy of the Illinois Sales Tax Certification is required when submitting an application for food truck or mobile retail shop.
IL Sales Tax Number: _____ - _____ Number of employees: _____ Typical hours of operation: _____
ATTACH COPY OF CERTIFICATE

Name of Municipalities/Governmental Units where similar license has been received/applied for within last 12 months: _____

As APPLICANT for a Itinerant Merchant or Mobile Commerce Vendor License Application, I certify under penalty of perjury that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way and that I must comply with all codes, ordinances, and regulations of the City of Belleville, Illinois.

I, _____, (Printed name of applicant) certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate.

Applicant signature

Date:

The following documents must be attached to this application:

- Copy of Illinois Sales Tax Registration
- Copy of local health permit
- Copy of applicant's driver's license
- Copy of vehicle registration for mobile commerce vehicle
- Picture of mobile commerce vehicle
- Copy of Certificate of Liability Insurance
- Copy of Vehicle Insurance
- If ITINERANT MERCHANT, provide written evidence of the right to occupy a specific location at which sales activity is proposed

STAFF USE ONLY

ITINERANT MERCHANT and MOBILE COMMERCE VENDOR LICENSE APPLICATION

CLERK'S OFFICE:

- Certificate of Liability Copy of Driver's License of Applicant Copy of Vehicle Insurance Copy of IL Sales Tax Registration
- Copy of Local Health Department License Copy of Vehicle Registration Picture of Mobile Commerce Vehicle
- Approval of Sale Location (if applicable) Copy of Application sent to EDZ&P for Seasonal Commercial Occupancy (if applicable)
- Verified NO indebtedness to City

_____ Approved _____ Denied If denied, the reason: _____

Notes: _____

Staff approved: _____ Date: _____

Contact: City Clerk – Email: jmeyer@belleville.net
Phone: 618-233-6810 Ext. 1227