



APPLICATION for a **PEDDLERS / SOLICITORS LICENSE**

CITY OF ALTON, ILLINOIS

Cameo C. Holland • Alton City Treasurer

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: licensing@cityofaltonil.gov

Fax: (618) 463-3520

Website: www.cityofaltonil.gov

Dear Applicant:

Thank you for choosing the City of Alton to locate your business. The business community is a vital ingredient in the continued growth of the City.

The application process that you will begin is a procedure that under normal circumstances will take approximately 14-21 days to complete. Please complete the enclosed application and return it to this office along with a copy of the applicant's driver's license and the application fee of \$100.00.

Once the application is approved, we will need a photograph of the applicant, which will be used to make an identification badge, which the licensee will wear when going door-to-door in Alton.

Below is a link to the City code which contains information for: PEDDLERS, SOLICITORS, TRANSIENT MERCHANTS, and ITINERANT VENDORS.

https://codelibrary.amlegal.com/codes/alton_il/latest/overview (Title 4, Chapter 9)

For specific questions related to Business Licensing or if you choose to no longer operate a business in Alton, please notify the Licensing Department in writing at: 101 E Third, Suite 102, Alton, Il 62002 or e-mail:

licensing@cityofaltonil.gov.

Once again thank you for choosing Alton.

Sincerely,

Cameo C. Holland

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PRINT or TYPE ONLY

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

S.S. # _____ EMAIL: _____

ADDRESS: _____
(City, State, ZIP)

TELEPHONE: _____ CELL: _____

DESCRIPTION OF APPLICANT:

AGE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(City, State)

BUSINESS OR ORGANIZATION APPLICANT IS REPRESENTING:

BUSINESS NAME: _____

OWNER'S NAME: _____

ADDRESS: _____

IS THERE A DIFFERENT ADDRESS FOR MAILING? _____

TELEPHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

WHAT MERCHANDISE WILL YOU SELL? _____

ILLINOIS BUSINESS TAX NUMBER (IBT#): _____

HAS APPLICATION TO SOLICIT CONTRIBUTIONS EVER BEEN DENIED OR REVOKED?

NO _____ YES _____ IF YES, WHAT IS THE DATE AND REASON FOR DENIAL OR REVOCATION: _____

****A copy of your current Drivers License must be included along with the application fee of \$100.00****

Signature

Date