

**CITY OF SYCAMORE  
 PEDDLER, SOLICITOR, ITINERANT MERCHANT OR CANVASSES**

NAME: LAST, FIRST, MI		MAIDEN NAME		NICKNAME - ALIAS	
SEX	HAIR	EYES	HEIGHT	WEIGHT	DATE OF BIRTH
PERMANENT ADDRESS		CITY		STATE	ZIP
LOCAL ADDRESS, IF DIFFERENT		CITY		STATE	ZIP
DRIVERS LICENSE NUMBER		STATE OF ISSUE	BUSINESS NAME		
BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE NUMBER	
DESCRIPTION OF BUSINESS				GOODS TO BE SOLD	
<b>Do you use a vehicle in conjunction with your business? If so, provide the requested information below.</b>					
MAKE		MODEL			COLOR
LICENSE NUMBER & STATE OF REGISTRATION		VIN NUMBER		TYPE OF VEHICLE	
<b>Provide the following information for two reliable residents of the City of Sycamore who can serve as a reference for you.</b>					
NAME: LAST, FIRST, MI		ADDRESS		PHONE NUMBER	
NAME: LAST, FIRST, MI		ADDRESS		PHONE NUMBER	
<b>You must furnish an Illinois State Sales Tax Number and a Federal ID Number. Please furnish all the requested information in the space provided below. Do you sell perishable products? ' Yes ' No If so, you must also provide a copy of the DeKalb County Health Department permit.</b>					
ILLINOIS SALES TAX NUMBER		FEDERAL ID #		DEKALB COUNTY HEALTH DEPT PERMIT #	
<b>I understand that failure to complete this form completely, failure to disclose or the falsification of information shall be grounds for the denial of the license requested. I certify that the forgoing information is complete and true.</b>					
PRINT NAME			APPLICANTS SIGNATURE		
<i>FOR CITY USE ONLY</i>					
<b>FEE PAID</b>			<b>FEE ACCEPTED BY</b>		
<b>BACKGROUND INVESTIGATION COMPLETED</b>					
<b>PERMIT ' ISSUED ' REFUSED REASON REFUSED</b>					
<b>PERMIT ISSUED BY</b>					