



VILLAGE OF RIVERDALE
157 W. 144TH STREET
RIVERDALE, IL 60827
708-841-2200/FAX: 708-841-7587

PEDDLER/VENDOR

Annual \$200.00
Daily \$ 25.00

DATE SENT TO B/Z INITIALS DATE LICENSE ISSUED INITIALS
POLICE DEPT: DATE APPROVED DATE DENIED INITIALS
ZONING DEPT: DATE APPROVED DATE DENIED INITIALS
HEALTH DEPT: DATE APPROVED DATE DENIED INITIALS

Each person seeking such license must complete the information below and return with the proper application fee. (PRINT OR TYPE)

NAME BUS. PHONE

ADDRESS

STREET CITY/STATE ZIP
PHONE SOCIAL SECURITY # IBT #

DL # FAX EMERGENCY PHONE

YEARS AT ABOVE RESIDENCE FORMER RESIDENCE (if less than 3 years) STREET CITY/STATE ZIP

TYPE OF MERCHANDISE

LOCATION TO BE USED

STREET ADDRESS

BUILDING OWNER NAME PHONE

(Written approval from owner of property must accompany this application)

COMPANY/ORGANIZATION/EMPLOYER NAME

ADDRESS / PHONE STREET CITY/STATE/ZIP

****ICE CREAM TRUCKS****

TRUCK NUMBER LIC. PLATE NUMBER

****PROOF OF VEHICLE INSURANCE MUST BE PROVIDED****

****INSPECTION MUST BE DONE BY HEALTH OFFICER****

HAVE YOU FILED FOR A PEDDLER LICENSE WITH THE VILLAGE OF RIVERDALE IN THE PAST?

WHEN HAVE YOU HAD A PEDDLER LICENSE REVOKED?

EXPLAIN

HAVE YOU BEEN CONVICTED OF A FELONY? IF YES PROVIDE DETAILS

I UNDERSTAND THAT APPROVAL FOR A PEDDLER/VENDOR LICENSE IS CONTNGENT UPON MY SUBMITTAL TO FINGERPRINTING BY THE POLICE DEPARTMENT. THE CHIEF OF POLICE AND/OR ZONING ADMINISTRATOR WILL MAKE FINAL DETERMINATION. I FURTHER UNDERSTAND THAT I MUST DISPLAY THE PEDDLER TAG AT ALL TIMES I AM IN SAID VILLAGE. I SWEAR THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND FRAUDULENT CLAIMS WILL BE GROUNDS FOR REVOCATION OF PEDDLER'S PRIVILEGES.

PRINT NAME DATE

SIGNATURE

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT