

**City of Streator**  
204 S. Bloomington Street  
Streator, Illinois 61364  
815/672-2517 Fax 815/672-7566



**IN PERSON APPLICATION FOR A PERMIT – TRANSIENT MERCHANT**

Reference: Streator Municipal Code Chapter 5.60 and 35 ILCS 120/2a

Applicant's First Middle & Last Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Home Address, City, State, & Zip: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Place of Sales & Description of the Nature of the Business and Goods to be Sold**

Retailer's Occupation Tax Certificate of Registration Number: \_\_\_\_\_

Address, City, Zip of Employer or Business: \_\_\_\_\_

Number of days for which the transient sales will take place (Application fee is per day.)

I certify that I have never been convicted of a felony, misdemeanor, or a violation of the Streator Municipal Code.

YES  No – If no state the nature of the offense and the penalty assessed on the reverse of this form.

Full Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

----- FOR CITY USE -----

**Application Fees of \$200.00 per day per location paid in advance**

**\$500.00 security/surety bond or check received (shall be returned within 30 days of activity end unless claims are made against the transient merchant)**

Paid on: \_\_\_\_\_ Received by: \_\_\_\_\_

**POLICE DEPARTMENT ACTION**

Satisfactory Investigation Results – Application Approved

Unsatisfactory Investigation Results – Application disapproved & reasons are attached.

Chief of Police/Designee Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CITY CLERK ACTION**

Permit Approved & Issued by this Document.

Permit Not Issued & Applicant Informed.

City Clerk Signature \_\_\_\_\_ Date: \_\_\_\_\_