

Village of Deer Creek

James Hackney, Village President
P.O. Box 38 ~ Deer Creek, IL 61733
Phone or Fax: 309-447-6749
www.deercreekillinois.org

Peddlers Permit, Solicitors, and Itinerant Merchants License Application *(Please return completed Application and Fee to Village of Deer Creek)*

Business requesting permit: _____

Complete Business Address: _____

Product Identification: _____

Business Phone Number: _____ Length of Employment: _____

Applicant Name: _____

Date of Birth: _____ SSN: _____ Daytime or cell number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Certificate coverage information:

Starting Time: _____ a.m. or p.m. Ending Time: _____ a.m. or p.m.

Starting Date: _____ Ending Date: _____

Date of any previous application for this type of permit: _____

Has previous license ever been revoked for either applicant or business? ___yes ___no

Does applicant have any felony convictions either at State or Federal level? ___yes ___no

Are you a registered sex offender? ___yes ___no

The undersigned does hereby state under penalties of perjury that all statements in the foregoing application are true and correct.

Signature of Applicant

Date: _____

Print Name

Note:

- **In the event Applicant is a partnership**, the Application should be signed by all partners.
- **In the event Applicant is a corporation**, the application should be signed by the officers and the local manager.

Fees:

Annual Fee: \$250 per person

Monthly Fee: \$100 per person

Daily Fee: \$50 per person

Total Due: _____

All Fees payable to the Village of Deer Creek

CONSENT TO RUN BACKGROUND CHECK

I authorize and empower the Village of Deer Creek Police Department to obtain, prepare, use and furnish information concerning my general reputation, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items. Upon written request, I understand that said Police Department would provide me with information regarding the scope of the investigation if one was/is made.

Signature

Print Name

Date

Office Use Only

_____ Application completed

_____ Background completed

_____ Fees paid

_____ Permit approved (initial)