

## PEDDLER/VENDOR

## VILLAGE OF RIVERDALE 157 W. 144TH STREET RIVERDALE, IL 60827

708-841-2200/FAX: 708-841-7587

Annual	\$220.00
Daily	\$ 28.00

DATE SENT TO B/Z	INITIALS	DATE LICENSE ISSUED	INITIALS		
POLICE DEPT: DATE APPROVED	DATE DENIED	INITIALS	S		
ZONING DEPT: DATE APPROVED					
HEALTH DEPT: DATE APPROVED	DATE DENIED	INITIALS			
Each person seeking such	license must complete the inforn	nation below and return with t	he proper application fee.		
(PRINT OR TYPE) NAME		BUS. PHON	E		
ADDRESS					
ADDRESSSTREET PHONE	SOCIAL SECURITY #	CITY/STATE	ZIP IRT #		
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					
BUILDING OWNER NAME PHONE PHONE					
(Written approval from owner of property must accompany this application)  COMPANY/ORGANIZATION/EMPLOYER NAME					
ADDRESS STREET		CITY/STATE/ZIP			
	****ICE CREAM				
TRUCK NUMBER	LIC. PLATE	E NUMBER			
***	PROOF OF VEHICLE INSURA *INSPECTION MUST BE DON	ANCE MUST BE PROVIDED <sup>:</sup> NE RV HEALTH OFFICER**	***		
	INSTECTION MOST BE DOI	VE DI HEALIH OTTICER			
HAVE YOU FILED FOR A PEDDLER	LICENSE WITH THE VILLACE OF	E DIVEDDATE IN THE DACTS			
WHEN . I			·		
EXPLAIN					
HAVE YOU BEEN CONVICTED OF A					
I UNDERSTAND THAT APPROVAL I BY THE POLICE DEPARTMENT. TH FURTHER UNDERSTAND THAT I M INFORMATION PROVIDED ABOVE PRIVILEGES.	E CHIEF OF POLICE AND/OR ZON UST DISPLAY THE PEDDLER TAG	NING ADMINISTRATOR WILL M G AT ALL TIMES I AM IN SAID '	MAKE FINAL DETERMINATION. I VILLAGE. I SWEAR THAT THE		
PRINT NAME	DATI	E			
SIGNATURE					