# ITINERANT MERCHANTS APPLICATION

Date _____

1. Name of firm or corporation _____

2. If incorporated, what state _____

3. Address _____
street city state zip

4. Telephone Number: _____

5. Name of manager/supervisor while in East Dundee _____

6. Local address _____

7. Permanent address _____

8. Location in Village _____

9. Zoning _____ 10. Time business shall be conducted _____

11.Dates _____ 12. Character of goods _____

13. Quality of goods _____ 14. Invoice valve/quality _____

15. Sold from – □ Stock □ Auction □ Sample

16. Where manufactured _____

17. Where located at time of application _____

18. Nature/character of advertising _____

19. Copy submitted _____

20. Credentials authorizing applicant to act as representative –

Date received _____
Social Security # _____
Federal Employer ID # _____
ID of Rev. Taxpayer ID # _____
ID of Employment Security Account # _____

Fee Paid _____ Date _____ Approved by _____