City of Chicago
Department of Business Affairs and Licensing
City Hall, Room 800
121 North LaSalle Street
Chicago, IL 60602

(This license must be applied for in person. Please do not mail or send any payments with this form.)

New Account Information Sheet - Peddlers / Street Performers

(This Form is not required if you currently or previously have held as an individual a City of Chicago Business license.)

1. Activity:
   _____ Peddling (non-food)
   _____ Peddling (Fruits & Vegetables only) – please have the back of this form completed prior to submission.
   _____ Street Performing

2. Personal Information:

   ____________________________     __________    ____________________________   ______
   First Name                        Middle Init.                     Last Name                          Jr./Sr.
   _____________________________   ___________    _____________________________
   Street Number          Dir.                        Street Name                         Rd, Ave etc.       Suite / Floor#
   ________________________________       _____       __________       _____________________________
   City                                     ST             Zip Code                        E-Mail Address
   (________)    ________  -  _________________       ____ ____ ____ - ____ ____ - ____ ____ ____ ____. Phone Number
   (________) ________ - __________________                          ________ / ________ / ________ Social Security Number
   FAX Number                                                                            Date of Birth

Note: You will need to supply identification verifying your current address when applying.

For Peddlers Only

3. Illinois Business Tax (IBT) Number* _____ _____ _____ _____ - _____ _____ _____ _____
   *(if you do not have a current Illinois Business Tax (IBT) Number you may obtain one from the Illinois Department of Revenue 100 W. Randolph St. (Lower Level) (217) 785-3707).

4. Products to be sold:

   ___________________________________________________________________________________
Food (Fruits & Vegetables) Peddlers must have the following items completed:

This Statement must be completed by the owner(s) of the Storage Facility where your merchandise will be stored:

I, __________________________________, Owner of __________________________
located at ____________________________________ holding business license number __________________
Business Address

will permit ___________________________________________________ to store the following types of
merchandise: ___________________________________________________________________________.

Signature:____________________________________________
Date: _______/_______/ 200____
Businesses Phone Number: (_______) _________-____________

This Section must be completed by the Chicago Department of Health-Regulatory Inspection of Sanitary Practices Division located at 2133 W. Lexington (312) 746-8030.

License Application Approval:

Signature:____________________________________________
Date: _______/_______/ 200____