



APPLICATION FOR PEDDLERS LICENSE IN THE COUNTY OF ADAMS, STATE OF ILLINOIS

www.adamscountyil.gov | 507 Vermont St. Quincy, IL. 62301 | (217) 277-2150

1. Name of Applicant _____

2. Phone Number of Applicant _____

2. Physical Description of Applicant: _____

3. Permanent Home Address: _____
Street Address

City, State Zip

4. Local Address of operation
(If Applicable) _____
Street Address

City, State Zip

5. Brief Description of Business
And Goods to be Sold _____

6. Name and Address of
Employer (If Applicable) _____
Employer Name

Street Address

City, State Zip

7. Desired Length of Time For License (Choose one)

Daily License= _____ X \$10= \$ _____
of Days

Adams County Resident Annual License- \$50

Non-Resident Annual License- \$75

8. Criminal History (traffic excluded):

CRIME COMMITTED	YEAR	COUNTY

9. List three (3) most recent cities, villages and/or counties business was conducted:

CITY/VILLAGE/COUNTY NAME	ADDRESS FROM WHICH SUCH BUSINESS WAS CONDUCTED IN PREVIOUS LOCATION

I, the undersigned applicant for the Peddler's License, confirm that all the information presented in this application is true, accurate and complete. I further attest that I have read, understood, and will comply with all the local ordinances set forth by the County of Adams, State of Illinois and the United States.

Signature of Applicant

Date of Application

THE BELOW IS FOR OFFICE USE ONLY

Fee Collected

Ordinance Provided to Applicant

Copy of application provided to Sheriff's Office – Date Delivered _____

Sheriff's Office Verified: _____
Sheriff's Office Designee Signature

Date