



CITY OF MARION, ILLINOIS

Transient Merchant / Itinerant Vendor / Peddler / Mobile Food Vendor / Temporary Outdoor Retail Sale License Application

Prepared pursuant to Ordinance No. 4116

Application Instructions

- A complete application must be filed with the City Clerk before any regulated vending activity begins.
- The application fee is \$50.00 and the license fee is \$50.00 unless waived or modified by the City Council. Fees are not prorated.
- A license, unless otherwise stated, expires on December 31 of the year issued and is personal to the licensee; it may not be transferred, assigned, loaned, or sold.
- Approval of this license does not authorize violation of zoning, building, fire, health, food safety, sanitation, traffic, parking, sign, nuisance, sales tax, or other applicable laws.
- The applicant must promptly update this application if dates, locations, vehicles, operators, or other required information changes.

1. Type of License Requested

<input type="checkbox"/> Transient Merchant	<input type="checkbox"/> Itinerant Vendor	<input type="checkbox"/> Peddler	<input type="checkbox"/> Mobile Vendor
<input type="checkbox"/> Mobile Food Vendor	<input type="checkbox"/> Food or Beverage Vendor	<input type="checkbox"/> Temporary Outdoor Retail Sale	<input type="checkbox"/> Other: _____

2. Applicant Information

Full legal name	_____
Date of birth	_____
Permanent address	_____
Local address, if any	_____
Phone number	_____
Email address	_____

3. Business / Employer / Principal Information

Business/entity name	_____
Address	_____
Contact person/title	_____
Phone number	_____
Email address	_____
Illinois Department of Revenue Sales Tax Remitter ID No.	_____

4. Goods, Services, and Method of Operation

Items to be sold, offered, displayed, or distributed	_____
Proposed method of operation	<input type="checkbox"/> Vehicle/truck <input type="checkbox"/> Trailer <input type="checkbox"/> Cart/wagon <input type="checkbox"/> Tent/booth/table <input type="checkbox"/> Building/room <input type="checkbox"/> Parking lot/outdoor display <input type="checkbox"/> Door-to-door/peddling <input type="checkbox"/> Other: _____
Will food or beverages be sold, served, prepared, or distributed?	<input type="checkbox"/> No <input type="checkbox"/> Yes - attach all required Williamson County Health Department or other health authority permits
Will any regulated goods be sold? (tobacco, nicotine, alcohol, cannabis, intoxicating hemp, pharmaceuticals, weapons, fireworks, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe and attach proof of all required legal authority and City approvals: _____

5. Proposed Dates, Hours, and Locations

Proposed dates of operation	From: _____ To: _____ Total days at property this calendar year: _____
Proposed hours of operation	Start: _____ End: _____ Days of week: _____
Proposed location(s)	Address/location: _____ Additional locations, if any: _____
Private property permission	<input type="checkbox"/> Attached written permission from property owner or lawful occupant <input type="checkbox"/> Not applicable
Public property request	<input type="checkbox"/> No public property requested <input type="checkbox"/> City approval requested/attached for public property use

Location and operating limits to review before filing

- Vendors may not operate on public property unless specifically authorized in writing by the City.
- Vendors may not operate on private property without written permission from the owner or lawful occupant.
- No operation may obstruct streets, sidewalks, alleys, driveways, fire lanes, ADA routes, required parking, entrances/exits, crosswalks, sight triangles, utilities, hydrants, loading zones, or pedestrian/vehicle movement.
- Unless otherwise approved, vendors may operate only from 8:00 a.m. to 7:00 p.m. or sunset, whichever occurs first, Monday through Saturday. Sunday and holiday operation requires specific City approval.
- Temporary outdoor retail sales are limited to 14 consecutive days at the same property and 30 total days per property per calendar year unless approved by the City Council.

6. Vehicle, Trailer, Cart, Truck, Wagon, or Similar Conveyance

Will the operation use a vehicle, trailer, cart, truck, wagon, or similar conveyance?	<input type="checkbox"/> No <input type="checkbox"/> Yes - complete below and attach proof of current registration and insurance
Make / model / year / color	_____
License plate number	_____
Vehicle identification number (VIN)	_____
Insurance carrier / policy number	_____

7. Individuals Conducting or Supervising Sales

List each individual who will interact with the public, conduct sales, solicit sales, operate a vehicle, handle money, or supervise the vending activity.

Name	Date of Birth	Role/Responsibility	Phone/Email	Govt. ID Attached?
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8. Required Attachments Checklist

- Valid government-issued photo identification for applicant
- Illinois Department of Revenue registration / Sales Tax Remitter Identification Number
- Written permission from private property owner or lawful occupant, if operating on private property
- Site plan, if requested or required by the City
- Vehicle/trailer/cart registration and insurance, if applicable
- Proof of insurance for vendor operation
- Williamson County Health Department or other health authority permits, if food or beverages are sold
- Proof of any other required federal, state, county, or City license, permit, approval, or authorization
- Application fee and license fee or documentation of City-approved fee waiver/reduction

9. Disclosures

During the previous five years, have you or the business/entity had a similar license denied, suspended, revoked, or not renewed?	<input type="checkbox"/> No <input type="checkbox"/> Yes - explain: _____
Have you been convicted of any criminal offense reasonably related to the requested activity, including theft, fraud, deceptive practices, violence, sex offenses, weapons offenses, crimes against minors, or similar offenses?	<input type="checkbox"/> No <input type="checkbox"/> Yes - explain: _____
Do you owe unpaid fines, fees, taxes, liens, or debts to the City arising from prior vending, business, nuisance, or enforcement activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes - explain: _____

10. Background Check Authorization

I authorize the City of Marion to conduct a background check reasonably related to the licensed activity and to verify the information submitted with this application.

Applicant signature	_____
Date	_____

11. Indemnification and Hold Harmless

As a condition of issuance and continued validity of any license, the applicant/licensee agrees to defend, indemnify, and hold harmless the City of Marion, its elected officials, officers, employees, agents, volunteers, and representatives from and against any and all claims,

demands, actions, causes of action, damages, losses, liabilities, judgments, fines, penalties, costs, and expenses, including reasonable attorney fees and litigation expenses, arising out of, related to, or resulting from the activities of the licensee, its employees, agents, representatives, volunteers, and customers in connection with the operation or conduct of the licensee's business within the City. This obligation survives the expiration, suspension, revocation, or termination of the license.

Applicant initials	_____
Date	_____

12. Applicant Certification

I certify under oath or certification that the information provided in this application and all attachments is true and correct. I understand that false, misleading, incomplete, or fraudulent information may result in denial, suspension, or revocation of the license and may subject me to enforcement action. I agree to comply with all applicable federal, state, county, and City laws, all conditions of any license issued, and all lawful orders of City officials. I understand that operation may not begin until the City issues the license or written approval required by ordinance.

Applicant printed name	_____
Applicant signature	_____
Date	_____

PROPERTY OWNER / LAWFUL OCCUPANT PERMISSION FORM

Complete this section when the vendor proposes to operate on private property. Attach additional pages if multiple properties are used.

Property address/location	_____
Property owner/lawful occupant name	_____
Mailing address	_____
Phone/email	_____
Vendor authorized	_____
Approved dates/hours	_____
Approved area on property	_____

I certify that I am the owner or lawful occupant of the above property and authorize the vendor identified above to operate on the property only within the dates, hours, and area stated. I understand this permission does not replace City approval and does not authorize any violation of law.

Signature of owner/lawful occupant	_____
Date	_____
Printed name/title	_____

CITY USE ONLY - APPLICATION REVIEW

Date received	_____
Application fee received	<input type="checkbox"/> No <input type="checkbox"/> Yes Amount: \$_____ Receipt No.: _____
License fee received	<input type="checkbox"/> No <input type="checkbox"/> Yes Amount: \$_____ Receipt No.: _____
Application complete	<input type="checkbox"/> No <input type="checkbox"/> Yes
Background check required/completed	<input type="checkbox"/> Not required <input type="checkbox"/> Pending <input type="checkbox"/> Completed

Department / Official Review

Reviewer/Department	Approved	Denied	Conditions/Comments	Signature/Date
City Clerk				
Police Department, if required				
Building and Code, if required				
Fire Department, if required				
City Attorney, if required				
Mayor / Chief of Staff, if required				

Decision

Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Denied
License number	_____
Effective dates	From: _____ To: _____
Approved location(s)	_____
Approved hours	_____
Conditions of approval	_____ _____
Grounds for denial, if applicable	_____ _____
Authorized City official	Signature: _____ Date: _____