



# APPLICATION FOR TRANSIENT MERCHANT LICENSE

Moline Code of Ordinance 17-2100

Name of Business \_\_\_\_\_

Illinois Sales Tax ID# \_\_\_\_\_

Address of Business \_\_\_\_\_

Manager's Name \_\_\_\_\_

First

middle

last

DATE of BIRTH

Social Security#

State Driver's License or State ID

Manager's Address \_\_\_\_\_

Manager's Telephone No. \_\_\_\_\_

Manager's E-mail \_\_\_\_\_

Description of item(s) to be sold \_\_\_\_\_

Location within the city where business will be transacted \_\_\_\_\_

Dates such business will be conducted - from: \_\_\_\_\_ to: \_\_\_\_\_

Have you ever applied for a license, under this ordinance, which application has been denied and/or revoked?

Yes  No

By signing this registration form, I am stipulating that no individual employees, independent contractors, employees of independent contractors, volunteers or any other such person associated with the registrant is a "Child Sex Offender" as described by the State of Illinois Statute 720 ILCS 5/11-9.4 (d) (1) and as may similarly be applicable to and by other law enforcement jurisdictions throughout the United States.

Further, I have personally read and answered each and every question in this license application and I do solemnly swear that each and every answer is full, true, complete, and correct in every respect. I understand that if this application contains any false or misleading information of any material fact, it is grounds for denial of this and future licenses.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*Copy of applicable ordinance and requirements is attached.

**Please send signed form, along with remittance to:**

**City of Moline**  
1630 8<sup>th</sup> Avenue  
Moline, IL 61265  
(309) 524-2070

## APPLICATION FOR TRANSIENT MERCHANT LICENSE

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EVERY PERSON WHO WILL BE WORKING IN THE CITY OF MOLINE FOR THE REGISTERED PURPOSE.

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NAME (First, Middle Initial, Last)	HOME ADDRESS	CITY	STATE
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DATE of BIRTH	Social Security#	State Driver's License or State ID	
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NAME (First, Middle Initial, Last)	HOME ADDRESS	CITY	STATE
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### FOR OFFICE USE ONLY

Forwarded to Police Dept for investigation by: \_\_\_\_\_ Date: \_\_\_\_\_

INVESTIGATION RESULTS: Approved or Denied

Investigating officer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return to Finance Department for processing of license.*

ZONING REVIEW: Approved or Denied

Zoning Manager: \_\_\_\_\_ Date: \_\_\_\_\_

*Return to Finance Department for processing of license.*