

## SEASONAL VENDOR PERMIT APPLICATION

2828 Sheridan Road, Zion, IL 60099 847-746-4012 - FAX 847-746-7167 www.cityofzion.com

FEE:\$55.00 (Permit is good for a maximum of 6 months) All permit fees are non-refundable. (not applicable for not-for-profit organizations)  All applicants shall file with the City Clerk, a Certificate of Insurance running to the City in the amount of \$1,000 executed by the applicant, as principal.		
Address:		
Contact No.:	V	/endor State Tax ID No.:
Sales Location:		
Length of time of sales:		
trees, holiday merchandise, seasonal fresh fo business.	ood items, on proper	Il seasonal items, including but not inclusive of, Christmas rty other than at his own locally established place of ERTY REQUIRES OWNER APPROVAL
Property Owner Name:		
Contact No.:	F	ax:
Property Owner Signature:		
	ances of the City a	ense to sell seasonal items in the City of Zion, Illinois, and open this establishment for inspection by the
	ding information. I u	ication is true and correct to the best of my knowledge inderstand the failure to supply adequate or correct uch a permit.
Applicant Signature		Date
Print Applicant's Name		
	(For Office U	Ise Only)
Date:		Permit No.:
Receipt No.:		
Total Amount Paid:		