

Transient Merchant Registration
Bureau County, Illinois

Name: _____ Birth Date: _____

Home Address: _____

Phone: () _____ SS #: _____

Business (Street) Address: _____

Phone: () _____

Photo ID or Driver's License: (State) _____

If Corporation, List Corp. Address: _____

Corporation Officer's Home Address/Phone: _____

Address Where Conducting Business: _____

Type of Business Conducted: _____

Inventory of All Goods Sold to Buyer: _____

License to conduct business as Transient Merchant or Itinerant Vendor:

List all employees employed in Bureau County: (Name, DOB, SS#, Home Address)

Under the laws of perjury in the State of Illinois, I, _____,
state that the above information given is true and correct.

Signature: _____

Date: _____

Attach certified copy of certificate of retailer's occupation