



**CITY OF AURORA, ILLINOIS
PEDDLER REGISTRATION FORM***

Date _____

Name of Business/Individual** _____

Address of Business/Individual _____

Contact Person's Name _____

Contact Person's Address _____

Contact Person's Telephone No. _____

Description of item(s) to be peddled _____

Location within the city where peddling will occur _____

Dates that peddling will occur - from: _____ to: _____

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 Signature

*Copy of applicable ordinance and requirements is attached.
**Please list the names, addresses, and dates of birth of all individuals peddling within the city on Page 2.

OFFICE USE ONLY

APPROVED _____ Date _____

DENIED _____
City Clerk

THIS PEDDLER REGISTRATION EXPIRES ON _____.

