CITY OF AURORA, ILLINOIS
PEDDLER REGISTRATION FORM*
License $50.00 Non-Refundable

Date _______________________________

Name of Business/Individual** ____________________________________________________

Address of Business/Individual ___________________________________________________

Contact Person’s Name ____________________________________________________________

Contact Person’s Address __________________________ Telephone No.________________

Description of vehicle: Make___________________ Model________________ Year__________

Vehicle Plate# ______________________ Drivers License # _______________________

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 730 ILCS 150/2
and as may similarly be applicable to and by other law enforcement jurisdictions throughout the United
States. Every registrant shall include the names, addresses and dates of birth for every person who will
be working with them in the city for the registered purpose, and shall provide an affidavit certifying
that such persons, including the registrant, have not been convicted of any felony, nor convicted on
two (2) or more occasions of driving under the influence of alcohol or drugs. Such certification as
required in this subsection (c) shall be updated whenever any change in persons occurs for the
registrant at any time during the registered year.

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.
PEDDLER REGISTRATION FORM*

Name of Business/Individual** ______________________________________________________
Address of Business/Individual ____________________________________________________

PLEASE LIST BELOW THE NAMES, ADDRESSES AND DATES OF BIRTH FOR EVERY PERSON
WHO WILL BE WORKING IN THE CITY OF AURORA FOR THE REGISTERED PURPOSE.

<table>
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<th>NAME</th>
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<th>STATE</th>
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