



City of Highland Park  
1707 St Johns Avenue  
Highland Park, Illinois 60035

## Vendor License Application

**PLEASE PRINT**

1. Vendor Name/Names: \_\_\_\_\_
2. Date of Birth (attach copy of license or State ID): \_\_\_\_\_
3. Vendor Business Name: \_\_\_\_\_
4. Mailing Address if different from above:  
\_\_\_\_\_
4. Business phone number: \_\_\_\_\_
5. Business E-Mail address: \_\_\_\_\_
6. Nature and kind of business conducted (if selling food products, attach Lake County Health Permit):  
\_\_\_\_\_
7. Location where goods are to be sold: \_\_\_\_\_
8. Illinois Sales Tax Number: \_\_\_\_\_
9. Please list all vehicles, issuing State and license plate number to be used in conjunction with this vendor permit:  
\_\_\_\_\_  
\_\_\_\_\_
10. Please list all addresses (other than permanent place of business) where the applicant conducted a transient business within the last 6 months: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*Please attach Certificate of Insurance naming the City of Highland Park as an additional insured in the sum of \$1,000,000\****

I hereby acknowledge that I have read and understand Chapter 126 titled Vendors, Itinerant Merchants and Peddlers of the Highland Park Code of 1968 of the City of Highland Park and that the information contained herein is correct and true to the best of my knowledge and ability

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Vendor Signature



# City of Highland Park

Highland Park Police  
Department/City Clerk's Office  
1707 St. Johns Ave.  
Highland Park, Illinois 60035  
o: 847.926.1034 / f: 847.432.7625  
cityhpil.com

## AUTHORIZATION TO RELEASE INFORMATION

### Personal Inquiry Waiver

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the Highland Park Police Department with any and all information you may have concerning my background check. Please include any and all records and reports, including all information of a confidential or privileged nature, and photocopies of the same, if possible. Your reply will be used to assist the Highland Park Police Department in determining my qualifications for obtaining a vendor license with the City of Highland Park. The City of Highland Park has the authority to share the results of my background check with my employer.

I hereby release you, your organization and others from liability or damage, which may result from furnishing the information requested.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date of Signature (Valid for 180 Days)

I attest the applicant subscribed the above before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
in the City of Highland Park, County of Lake, State of Illinois.

\_\_\_\_\_  
Notary Public for the State of Illinois

