



**CITY OF URBANA APPLICATION FOR REGISTRATION
OF FIXED LOCATION PRIVATE PROPERTY
MERCHANT/VENDOR OPERATIONS**



Name of the Operation: _____

Name of the Registrant, Merchant or Vendor: _____

Name of the Owner of the Operation (if different than above): _____

Contact Phone Number: _____

Permanent Address: _____

Address of the Merchant or Vendor's Operation: _____

Illinois Sales Tax Identification Number: _____

This form **MUST** be filled out completely. If it is not filled out completely, a proof of registration from the City Clerk's Office may not be issued. This registration is valid for three (3) months.

Proof of registration **MUST** be displayed at **all times** in an area that is accessible to the Urbana Police Department from the public right-of-way. This registration is freely revocable by the Urbana City Clerk's Office or by an action of the Urbana City Council.

I understand and agree to the terms set forth in this application for registration. I also agree to abide by all federal, state, and local laws and ordinances. I agree to report all sales from this operation that occurs within Urbana city limits to the Illinois Department of Revenue as City of Urbana sales. I understand that this registration is revocable at will, and I will be held liable for damages resulting from my criminal or civil liability.

Signature of Applicant

Date