



# Village of Round Lake Community Development

442 N. Cedar Lake Road Round Lake, IL 60073  
Ph. 847-546-0963 Fax 847-546-1872  
www.roundlakeil.gov

## SOLICITOR, TRANSIENT MERCHANT AND FOOD VENDOR LICENSE OVERVIEW

**PROCEDURE**

1. Submit application and supporting documentation.
2. Complete a Background Check and Fingerprinting and obtain approval.
3. Submit Surety Bond and pay for License.
4. License Issuance.

**APPLICATION SUBMITTAL**

The following must be submitted, incomplete applications will not be accepted:

SOLICITORS	TRANSIENT MERCHANTS	FOOD VENDORS
Completed Application	Completed Application	Completed Application
Background Screening Authorization for each employee soliciting in the Village.	Background Screening Authorization for the business owner.	Approval from property owner if parked on private property.
Color copy of State issued photo ID for each employee soliciting in the Village.	Color copy of State issued photo ID for the business owner.	Site plan showing location
*Surety Bond (\$1,000)	*Certificate of Insurance, listing the Village of Round Lake and it's Officials as additionally insured, if located on Village property.	Certificate of Insurance, listing the Village of Round Lake and it's Officials as additionally insured if located on Village property.
Signed Hold Harmless Agreement	*Surety Bond (\$1,000)	Surety Bond (\$1,000)
	Signed Hold Harmless Agreement	Signed Hold Harmless Agreement

\*May be submitted upon approval of background screening.

**BACKGROUND SCREENING**

Complete and return the Background Screening Disclosure along with payment in the amount of forty-five dollars (\$45.00) for each applicant, to the Village Hall. Once payment is made, your application will be forwarded to the Police Department who will contact you to set up an appointment for your screening. The timeframe to obtain the results is typically 4-6 weeks.

**LICENSE FEES**

DAILY: \$10.00  
 MONTHLY: \$200.00  
 ANNUAL: \$100.00, available to food vendors ONLY

**LICENSE ISSUANCE**

The Village will contact the applicant once the License is ready for issuance. The license fee must be paid at time of issuance.

**LICENSE DISPLAY.** Licensee shall at all times while doing business in this village keep in his or her possession.



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## APPLICATION FOR SOLICITORS, TRANSIENT MERCHANTS, AND FOOD VENDORS

### APPLICANT INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

### BUSINESS INFORMATION

BUSINESS NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

WEBSITE:

BUSINESS EMAIL:

BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS:

### BUSINESS OWNER INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

### COMPLETE FOR EACH EMPLOYEE WORKING IN THE VILLAGE OF ROUND LAKE

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

\*USE ADDITIONAL PAGE IF NECESSARY

**LENGTH OF TIME LICENSE SOUGHT**

DAILY  
NO. OF DAY(S): \_\_\_\_\_

MONTHLY  
NO. OF MONTHS: \_\_\_\_\_

ANNUAL  
(FOOD VENDORS ONLY)

**PROPOSED LOCATION OF ACTIVITY**

**VEHICLE INFORMATION**

MAKE:

MODEL:

YEAR:

COLOR:

PLATE NUMBER:

STATE:

**PLEASE INITIAL EACH OF THE FOLLOWING ITEMS:**

Each solicitor or peddler shall at all times while doing business in this Village, keep in his or her possession the license provided and shall, upon the request of prospective customers, exhibit the license as evidence that he or she has complied with all requirements. \_\_\_\_\_

Each solicitor must honor all "no solicitor's signs" exhibited on residences or businesses. Any violations of will result in the immediate revocation of the solicitor's license. \_\_\_\_\_

**PROHIBITED SOLICITATION PERIODS**

- A.** No Peddler, Solicitor and Transient Merchant may conduct the defined activities except between the hours of nine a.m. and nine p.m. on each day, and no solicitation or peddling shall be done on Sundays or legal holidays, unless authorized by subsection (B.) below. \_\_\_\_\_
- B.** Peddlers, Solicitors and Transient Merchants who sell, offer for sale, or peddle any candy, ice cream, confection, or other food or beverage for human consumption from any motor vehicle or other vehicle or cart of any kind, upon any public street or other public property are permitted to conduct those activities between the hours of 9:00 a.m. to 7:30p.m. each day or sunset as defined by the National Weather Service, whichever occurs first, each day and on Sundays or legal holidays. \_\_\_\_\_

**OBSTRUCTIONS OF PEDESTRIAN OR VEHICULAR TRAFFIC UNLAWFUL**

No person, while engaged in any of the practices described in Section 5.40.020, shall block or obstruct the path of any pedestrian or vehicular traffic or block or obstruct any way of ingress or egress to roads, buildings, vehicles or other enclosures or conveyances. \_\_\_\_\_

**VIOLATION – PENALTY**

Any person violating the provisions of this chapter shall, be subject to a fine not exceeding seven hundred and fifty dollars (\$750.00). Each day that a violation continues shall constitute a separate offense. \_\_\_\_\_

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE CODES AND ORDINANCES, STATE AND FEDERAL LAW, AND THE RESULTS OF ANY INSPECTIONS REQUIRED BY ORDINANCE AT THIS TIME AND ANY FURTHER INSPECTIONS WHILE THIS LICENSE IS IN FORCE. I HAVE READ THIS APPLICATION AND ANSWERED ALL QUESTIONS FULLY. THE INFORMATION I HAVE SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
*SIGNATURE OF APPLICANT*

\_\_\_\_\_  
*DATE*

**FOR OFFICE USE**

FEE SUMMARY		STAFF APPROVALS	
DAILY (\$10.00 PER DAY):	\$ _____	_____	COMPLETED APPLICATION
MONTHLY (\$200.00 PER MONTH):	\$ _____	_____	BACKGROUND SCREENING
ANNUAL FOOD ONLY (\$100.00 PER YEAR):	\$ _____		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED			
_____ <i>SIGNATURE</i>		_____ <i>DATE</i>	



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## BACKGROUND SCREENING DISCLOSURE AND WRITTEN AUTHORIZATION

*(Please read this form carefully)*

### DISCLOSURE

I have been notified that the Village of Round Lake and the Round Lake Police Department may request that a background screening be conducted to verify any information I have provided in connection with my application.

The Village of Round Lake or the Round Lake Police Department may request a consumer report and/or an investigative consumer report in connection with my license application or at any time during my license is valid in accordance with all applicable laws. These reports may include information about my background, including but not limited to character, mode of living, criminal history records, sex offender registry records, Social Security records, educational records, employment records, credit reports, driving records, and license/certification records, or any other such record, written or otherwise, that is deemed appropriate.

Upon written request to the Village of Round Lake and proper identification, I have the right to be informed when a consumer report or investigative consumer report is conducted, and the right to make a request to Innovative Credit Solutions, the consumer reporting agency vendor, within a reasonable period of time, as to the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me that Innovative Credit Solutions has previously furnished. Communications with Innovative Credit Solutions should be directed to PO Box 1386, Columbia, South Carolina 29202 800-345-2746.

### AUTHORIZATION

My signature below authorizes the procurement of a consumer report and/or investigative consumer report upon the Village of Round Lake or the Round Lake Police Department's request in conjunction with my application.

*I have read this Disclosure and Written Authorization; I understand the provisions stated herein, and I agree to the terms.*

\_\_\_\_\_  
Print Name (First, MI, Last)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number, State, & Expiration Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

**VILLAGE OF ROUND LAKE  
TRANSIENT MERCHANTS AND FOOD VENDORS**

**WAIVER AND AGREEMENT TO INDEMNIFY**

KNOW ALL PERSONS BY THESE PRESENTS:

The Undersigned, \_\_\_\_\_ for and in return for sufficient, good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby waive, release and forever discharge the Village of Round Lake, their agents, servants, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all actions, causes of actions, lawsuits, claims and demands which the Undersigned now has or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the application.

The undersigned further agrees to indemnify the Village of Round Lake, its officers, agents, servants, and employees from any and all lawsuits, claims, demands, liabilities and expenses, including costs and attorney's fees, for on account of any injury to person or property which may arise or may alleged to have arisen out or in connection with the application.

I (We) have fully read and considered all of the terms and statements contained in this release before execution.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/15/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Vendor / Contractor Name and address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: Cert ID 6467 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY E (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	12345678	1/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 RENTED (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			987654321	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	56789	12/31/2017	12/31/2018	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured with respects to General Liability, Auto Liability and Umbrella Liability when required in a signed written contract: Village of Round Lake  
General Liability coverage is on a primary and non-contributory basis  
Waiver of Subrogation in favor of the additional insured with respects to General Liability and Workers Compensation when required in a signed written contract.

<b>CERTIFICATE HOLDER</b>  Village of Round Lake 442 N. Cedar Lake Rd. Round Lake IL 60073	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 