

**APPLICATION FOR LICENSE
SOLICITATION
(COMMERCIAL)**

Each person seeking such license must complete the information below and return it with the application fee of \$50.00 for an Annual Permit, or \$10.00 per day for a daily permit.

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ SOCIAL SECURITY # _____

YEARS AT ABOVE RESIDENCE _____

FORMER RESIDENCE (IF LESS THAN 3 YEARS) _____

PHYSICAL DESCRIPTION OF APPLICANT _____

DESCRIPTION OF AUTOMOBILE USED DURING SOLICITATION: MAKE/MODEL _____

_____ LICENSE# _____

NAME OF EMPLOYER/ORGANIZATION _____

ADRESS _____

LENGTH OF EMPLOYMENT/REPRESENTATION _____

DESCRIPTION OF INTENDED SOLICITATION _____

HAVE PREVIOUSLY APPLIED FOR THIS LICENSE? _____ IF YES, WHEN? _____

HAVE YOU HAD THIS LICENSE PREVIOUSLY REVOKED? _____ IF YES, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A CLASS "A" MISDEMEANOR WITHIN THE LAST FIVE YEARS? _____ IF YES, EXPLAIN _____

ILLINOIS RETAIL SALES TAX IDENTIFICATION # (IF APPLICABLE) _____

IS CERTIFICATE OF INSURANCE ATTACHED? _____

(CERTIFICATE SHALL BE ISSUED BY AN INSURANCE COMPANY LICENSED TO DO BUSINESS IN ILLINOIS; SHALL INSURE THE SOLICITORS AND THEIR ORGANIZATION, AND THE VILLAGE, ITS OFFICERS AND EMPLOYEES FOR LIABILITY FOR DAMAGES FOR PERSONAL INJURY AND PROPERTY DAMAGE. THE CERTIFICATE MUST STATE THAT IT WILL NOT BE CANCELED DURING THE PERIOD OF SOLICITATION AND MUST PROVIDE AT LEAST THE FOLLOWING COVERAGE: PERSONAL INJURY; \$500,000.00 PER PERSON; \$1,000,000.00 PER OCCURRENCE; PROPERTY DAMAGE; \$100,000.00. THE CERTIFICATE SHALL NAME THE VILLAGE, ITS OFFICERS AND EMPLOYEES AS ADDITIONAL INSURED PARTIES UNDER THE POLICY FOR THE DURATION OF THE LICENSE.)

I UNDERSTAND THE APPROVAL FOR SOLICITATION IS CONTINGENT UPON MY SUBMITTAL TO FINGERPRINTING BY THE POLICE DEPARTMENT. FINAL DETERMINATION WILL BE MADE BY THE CHIEF OF POLICE. I FURTHER UNDERSTAND THAT I MUST DISPLAY THE SOLICITATION PERMIT AT ALL TIMES I AM IN SAID VILLAGE. I WILL NOT SOLICIT AT HOMES DISPLAYING A "NO SOLICITORS INVITED" DECAL. I SWEAR THAT THE INFORMATION PROVIDED ABOVE IS TRUE, AND FRADULANT CLAIMS WILL BE GROUNDS FOR REVOCATION OF SOLICITATION PRIVILEGES.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

DATE APPROVED _____ INITIALS _____