Application for Solicitation

Village of Willow Springs One Village Circle, Willow Springs, Illinois Phone: (708) 467-3700 Fax: (708) 467-3710

| Company Information | | | | | | | | |
|--|--------------|------------|----------------------|-----------|-----------------|---------|--|--|
| Name of Employer: | | | | | | | | |
| Street Address: | | | | | | | | |
| City: | | State: | | ZIP Code: | | | | |
| Phone Number: | | | pe of Business: | | | | | |
| Details of Solicitati | on | | | | | | | |
| Date(s) of Solicitation: | | | | | | | | |
| Time(s) of Solicitation: | | | | | | | | |
| Product or Service being Solicited: | | | | | | | | |
| Individual Engaging in Solicitation | | | | | | | | |
| Name: | | | | | | | | |
| Current Street Address: | | | | | | | | |
| City: | | State/ZIP: | | | Place of Birth: | | | |
| Phone Number: | | Bi | Birthdate: | | Height: | Weight: | | |
| Hair Color: | | Еу | Eye Color: | | Skin Color: | | | |
| Has this individual ever been convicted of a misdemeanor or felony other than minor traffic violations? Yes No | | | | | | | | |
| If yes, please explain: | | | | | | | | |
| Has this individual ever been convicted of a violation of any of the provisions of this Chapter regarding solicitation, or the ordinances of any other Illinois municipality regulating solicitation? Yes No | | | | | | | | |
| Has a certificate of registration for soliciting previously issued to this individual ever been revoked? Yes No | | | | | | | | |
| Vehicle to be Used | | | | | | | | |
| Plate: | Year: | | Make: Moo | | lel: | Color: | | |
| Supervisor Informa | ation (Perso | on : | in Charge of the Sol | licita | tion) | | | |
| Name: | | | | | | | | |
| Street Address: | | | | | | | | |
| City: | | State: | | | ZIP Code: | | | |
| Phone Number: | | Title: | | | | | | |

| Agreement and Signature | | | | | | |
|---|-------|--|--|--|--|--|
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am approved to solicit in the Village of Willow Springs, any false statements, omissions, or other misrepresentations made by me on this application may result in my permission to solicit in the Village of Willow Springs to be permanently revoked. By signing and submitting this application, I am authorizing the Village of Willow Springs to conduct a background check. | | | | | | |
| Signature: | Date: | | | | | |
| Deguired with this Application | | | | | | |
| Required with this Application | | | | | | |
| Please attach the following items to complete your application: | | | | | | |
| \Box Copy of photo I.D. | | | | | | |
| ☐ Fingerprinting Receipt | | | | | | |
| □ 2" x 2" colored photograph | | | | | | |
| □ Payment for \$150 per day | | | | | | |
| You will be contacted upon approval of your application. Thank you. | | | | | | |

(Pursuant to Village Code Chapter 5, Article A Itinerant Merchants)