



PEDDLERS & COMMERCIAL SOLICITORS PERMIT APPLICATION

\$50 Non-refundable Application Fee for 90-day period

Date of Request: _____

Name: _____
Last First MI

Phone: _____ E-mail: _____

Home Address: _____

_____, _____ Length of residence: _____ years
City State

Address during the past two (2) years, if other than present address:

Address: _____

_____, _____ Length of residence: _____ years

Address: _____

_____, _____ Length of residence: _____ years

Sex: _____ Birth Date: _____ Driver's License #: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Name and address of the person, firm or corporation or association by whom the applicant is employed or represents, and the length of time of such employment or representation:

Business Name: _____ Phone: _____

Contact Person/Supervisor: _____

Business Address: _____ Sales Tax ID #: _____

City: _____ State: _____ Length of Employment: _____

Describe the subject matter you will be peddling or soliciting:

Date to be licensed: _____

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The date, or approximate date, of the latest or previous application for a peddler or commercial solicitor permit from the Village of Deerfield:

Date: _____ None (check here):

Have you ever had a peddler or commercial solicitor license revoked by the Village of Deerfield or any other municipality? Yes No

If yes, describe when, where and the reason the license was revoked:

Have you ever been convicted of a violation of the Ordinances regulating peddling or commercial soliciting of the Village of Deerfield or any other municipality? Yes No

If yes, describe when, where and the nature of the violation:

Have you been convicted of a felony within the last ten (10) years, or convicted of a misdemeanor or ordinance violation within the last five (5) years? Yes No

If yes, describe when, where, and the nature of the offense:

Name and address of EMPLOYER(S) during the past three (3) years, other than present employer:

Employer's Name: _____ Phone: _____

Employer's Address: _____

City: _____ State: _____ Length of employment: _____

Employer's Name: _____ Phone: _____

Employer's Address: _____

City: _____ State: _____ Length of employment: _____

Employer's Name: _____ Phone: _____

Employer's Address: _____

City: _____ State: _____ Length of employment: _____

PEDDLERS & COMMERCIAL SOLICITORS PERMIT APPLICATION

I understand that I am not to engage in peddling or solicitation on any premises that has prominently displayed notice of "NO SOLICITORS OR PEDDLERS": _____ (INITIAL)

I understand that it is unlawful for any person to engage in peddling or solicitation at any time prior to 9:00 a.m. or after 9:00 p.m.: _____ (INITIAL)

I understand that handbills must be placed or deposited as to secure or prevent the handbill from being blown or drifted about such premises or sidewalks, streets, or other public areas. _____ (INITIAL)

I HEREBY CERTIFY THAT THE PREVIOUS STATEMENTS ARE TRUE AND ACCURATE AND I UNDERSTAND THAT IF ANY INFORMATION IS FOUND TO BE INACCURATE, THEN THE LICENSE WILL NOT BE ISSUED. FURTHERMORE, ANY LICENSE ISSUED FOR PURPOSES OF SOLICITATION OR PEDDLING MAY BE REVOKED AS A RESULT OF THE VIOLATION OF AN VILLAGE ORDINANCE, OR ANY OTHER STATE OR FEDERAL LAW.

Date: _____

Signature: _____

** Upon completion of this application, all applicants must provide evidence that they are authorized to solicit for the organization represented. Please attach the appropriate documentation to verify this authority.

** Upon completion of this application, all applicants must provide background check results from the IL State Police Bureau of Identification. Results may be obtained from a State-approved Livescan vendor. Results must have been issued by the vendor within the past 90 days.

** Upon completion of this application, all applicants must submit a photo ID with this application (valid drivers license or state ID is acceptable).

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(Staff Use Only)

APPROVED

LIVESCAN RESULTS INCLUDED

DENIED

POLICE DEPARTMENT NOTIFIED

REVOKED

EFFECTIVE DATE: _____

EXPIRATION DATE: _____