



# PEDDLERS & COMMERCIAL SOLICITORS APPLICATION FOR LICENSE

Date of Request: \_\_\_\_\_

Fee: \_\_\_\_\_ (\$50.00 for each 2 week period)

License #: \_\_\_\_\_

**THE APPLICATION FEE IS NON-REFUNDABLE**

Name: \_\_\_\_\_  
Last First MI

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_ City State

Length of residence: \_\_\_\_\_ years

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

Address: \_\_\_\_\_  
\_\_\_\_\_ City State

Length of residence: \_\_\_\_\_ years

Address: \_\_\_\_\_  
\_\_\_\_\_ City State

Length of residence: \_\_\_\_\_ years

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Drivers 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(s) to be licensed (requested): \_\_\_\_\_

# PEDDLERS & COMMERCIAL SOLICITORS APPLICATION FOR LICENSE

The date, or approximate date, of the latest or previous application for a peddler or commercial solicitor license 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If yes, describe when, where and the reason the license was revoked:

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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:

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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:

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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 APPLICATION FOR LICENSE

I understand that I am not to engage in peddling or solicitation on any premise that has prominently displayed notice of “NO SOLICITORS OR PEDDLERS”: \_\_\_\_\_(INITIAL)

I understand that it is unlawful for any person to engage in solicitation or peddling at any time before or after the time that has been designated below.

Commercial Solicitation: **Monday - Saturday from 9:00 a.m. to 5:00 p.m.:** \_\_\_\_\_(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 ANY 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 approval, you must submit **TWO (2)** photographs with this application (license or ID is acceptable).

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## (Village Use Only)

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ REVOKED: \_\_\_\_\_

POLICE DEPARTMENT: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_