

Application Fee: \$50.00

Fee due at time of Application



Solicitor Application

Incomplete Applications will NOT be processed

Applicant's Information: ***Please Complete EVERY Question and Print Clearly***

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Daytime Phone: _____ Work Phone: _____

Date of Birth: _____

Drivers License/State ID Number: _____ State Issued: _____

Email Address: _____

Physical Description:

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

Firm, Person or Corporation the Applicant Represents or is Employed by:

Employers Company Name: _____

Address: _____
Street City State Zip

Company Owners Name: _____ Phone Number: _____

Length of Employment: _____

Vehicle Information: (Provide the information for the vehicle that will be used while you are soliciting in West Chicago)

Make: _____ Model: _____ Year: _____

Color: _____ Plate No.: _____ State Issued: _____

Describe the Items/Subject Matter you will be Soliciting:

Have you ever been issued a Solicitor License for the City of West Chicago: YES NO

Has your West Chicago License ever been revoked or denied: YES NO If yes, explain:

Have you ever been convicted of a felony or class A misdemeanor, within the last five (5) years, under the laws of the State of Illinois, any other State, or under Federal Law? YES NO If yes, explain:

Are you a registered sex offender? YES NO If yes, explain:

Have you ever been convicted of a violation of any of the provisions of this article, or any ordinance of any other city or village in Illinois, regulating soliciting? YES NO If yes, explain:

The undersigned hereby makes application for a Solicitor License in the City of West Chicago, Illinois, pursuant to Chapter 9 -Licenses, Permits and Business Regulations, Article VI.-Solicitors of the Code of Ordinances of the City of West Chicago, Illinois.

I, _____, do solemnly swear that the forgoing information is true and complete to
(Print applicants name)
the best of my knowledge. I have read and agree to abide by the Solicitor Ordinance of the City of West Chicago

I understand that a thorough background check will be conducted. I also understand I cannot knock on doors with a “NO PEDDLING OR SOLICITING” signs. I will leave a residence as soon as I am asked without question. I will only solicit during the approved times of Sunday – Saturday 9:00 am – Sunset.
I will not begin soliciting until I am issued my City of West Chicago ID badge.

Applicant's Signature/Date

Reviewer's Signature

Date Approved: _____ Date Denied: _____

Permit Dates: _____ to _____