

Application Number: _____ Commercial _____ Non-Commercial _____

CITY OF DARIEN
SOLICITOR LICENSE APPLICATION

The following information must be completed in full in order to process the application or the license may be denied.

APPLICANT INFORMATION

Date of Application: _____

Name: _____
Last First Middle Initial

Home Address: _____
Street Apt./Unit No.

City State Zip Code

Home Telephone Number: _____ Date of Birth: _____ Age: _____

Social Security Number: _____ Driver's License or State I.D. No.: _____ State: _____

Physical Description: Male _____ Female _____ Height _____ Weight _____ Hair _____ Eyes _____

Identifying Marks: _____

PERSON, FIRM, CORPORATION, ASSOCIATION OR ORGANIZATION employing or represented by applicant:

Name: _____

Address: _____
Street City State Zip Code

Telephone Number: _____ Length of Employment: _____

Description of materials or services: _____

Do you desire to be licensed to peddle/solicit from: Vehicle [] Pushcart [] Pack [] Basket [] Other Receptacle []

Vehicle Make: _____ Model/Style: _____ Year: _____ License No.: _____ Color: _____

Time Period Requested: _____ days

Date of the most recent application for license under this Chapter or its predecessor: _____

Has a license issued to this applicant under this Chapter or its predecessor ever been revoked?

Yes _____ No _____ If yes, give date and reason: _____

Have you ever been convicted of a violation of any of the provisions of this Chapter, its predecessor, or any ordinance of any Illinois municipality, or any Illinois statute, regulating soliciting or peddling?

Yes ____ No ____ If yes, give dates and details: _____

Have you ever been convicted of a felony under the laws of the State of Illinois or any other State, or under Federal laws of the United States: Yes ____ No ____ If yes, give date and charges of conviction: _____

I have attached the following to this application:

Evidence of authorization to solicit or Peddle for the organization represented: Yes ____ No ____

A copy of my Certificate of Registration under the Retailers' Occupation Tax Act (if subject to the Transient Merchant Act of 1987): Yes ____ No ____

Proof of compliance with the Solicitation for Charity Act (if applicable): Yes ____ No ____

I swear or affirm that all the above information is true and correct. I further swear or affirm that I have read and will abide by the City of Darien's Solicitation Ordinance currently in effect, and that I will pay, in full, required fees as outlined by this Chapter and will submit such other information or documentation as the City Clerk and/or Chief of Police may deem necessary to determine the identity of the applicant or to process the application. I understand that this license may be revoked for non-compliance with any of the above.

Signature of Applicant

FOR OFFICE USE ONLY

Date received by Chief of Police: _____

Chief of Police Recommendation: _____

Chief of Police

License Status: Approved ____ Denied ____ Number Issued: ____ Date Issued ____ Fee Paid ____

For Reason of _____

City Clerk