

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Has a license issued to this applicant under this Chapter or its predecessor ever been revoked?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