

Application Number: _____

Commercial _____

Non-Commercial _____

CITY OF DARIEN
SOLICITOR LICENSE APPLICATION

The following information must be completed in full in order to process application or 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 Phone Number: () _____ Date of Birth: _____ Age: _____
Area Code

Social Security Number: _____

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

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

Identifying Marks: _____

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

Name: _____

Address: _____
Street City State Zip Code

Phone Number: () _____ Length of Employment: _____

Description of materials or services: _____

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

Vehicle Make: _____ Model Year: _____ Model/Style: _____

License Number: _____ Color: _____

Time Period Requested: _____ Days

(continued on next page)

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Has a license issued to this applicant under this Chapter or its predecessor ever been revoked?: _____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

I have attached the following to this application 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

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FOR OFFICE USE ONLY

Date received by Chief of Police: _____

Chief of Police Recommendation: _____

Chief of Police

License Status: _____ Approved Number Issued _____

_____ Denied Date Issued _____ Fee Paid _____

For Reason of _____
