



# VILLAGE OF LAKE IN THE HILLS SOLICITOR APPLICATION

**FOR OFFICE USE ONLY**

Application Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Complete and submit the following application form to the Police Department along with permit fee of \$50.00 for the solicitation permit.  
Applicant's photo will be taken upon submission of application.**

**APPLICANT INFORMATION (please type or print):**

NAME: (LAST, FIRST, MI)		AGE:
DATE OF BIRTH:	PLACE OF BIRTH:	SSN:
DRIVERS LICENSE NUMBER:		STATE OF ISSUE:
SEX:	HEIGHT:	WEIGHT:
	HAIR COLOR:	EYE COLOR:
CURRENT RESIDENCE ADDRESS:		
RESIDING AT THIS ADDRESS FROM:		TO:
PHONE:		
<i>If address is temporary or less than 3 years at address, provide permanent or prior address.</i>		
PERMANENT OR PRIOR ADDRESS:		
RESIDING AT THIS ADDRESS FROM:		TO:
<i>Criminal History Information</i>		
HAVE YOU EVER BEEN CONVICTED OF A FELONY, WITHIN THE LAST FIVE YEARS, UNDER THE LAWS OF THE STATE OF ILLINOIS, ANY OTHER STATE, OR THE UNITED STATES?		
IF YES, EXPLAIN THE NATURE OF THE CONVICTION:		

**BUSINESS INFORMATION (please type or print):**

NAME OF BUSINESS BEING REPRESENTED:	
BUSINESS ADDRESS:	
BUSINESS PHONE:	BUSINESS HOURS:
LENGTH OF EMPLOYMENT FROM:	TO:
NAME OF PRINCIPAL OFFICER/DIRECTOR OF ORGANIZATION/BUSINESS WHO CAN HANDLE MATTERS RELATED TO THIS APPLICATION:	
ADDRESS OF PRINCIPAL OFFICER/DIRECTOR:	
NAME OF BUSINESS OR ORGANIZATION'S REGISTERED AGENT FOR BUSINESS IN ILLINOIS (IF ANY):	
NAME/DESCRIPTION OF PRODUCT TO BE SOLICITED/SOLD :	
METHOD OF SOLICITATION THAT APPLICANT (APPLICANT'S BUSINESS) WILL EMPLOY WITHIN VILLAGE:	
<i>If more than one solicitor will be soliciting on behalf of a business or organization, provide the following information regarding person who will be in direct charge of solicitors.</i>	
NAME OF PERSON IN CHARGE OF SOLICITORS:	
ADDRESS:	PHONE:

**PREVIOUS APPLICATION INFORMATION (please type or print):**

HAVE YOU PREVIOUSLY APPLIED FOR A SOLICITOR PERMIT WITH THE VILLAGE OF LAKE IN THE HILLS REPRESENTING THIS OR ANY OTHER BUSINESS OR ORGANIZATION?

IF YES, PROVIDE DATE OF PRIOR APPLICATION:

HAS ANY SOLICITOR PERMIT ISSUED TO YOU EVER BEEN REVOKED?

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION, WITHIN THE LAST FIVE YEARS, OF ANY OF THE PROVISIONS OF ANY LOCAL, STATE, OR FEDERAL SOLICITATION REGULATIONS?

IF YES, EXPLAIN THE NATURE OF ANY SUCH CONVICTION:

I HEREBY AFFIRM THAT I WILL COMPLY WITH ALL APPLICABLE STATUTES OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE VILLAGE OF LAKE IN THE HILLS RELATING TO THE PUBLIC HEALTH, SAFETY, AND WELFARE.

SIGNATURE OF APPLICANT: \_\_\_\_\_

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

**FOR OFFICE USE ONLY; DO NOT WRITE BELOW THIS LINE**

PERMIT FEE PAID?	DATE:	R/C INITIALS
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