



VILLAGE OF
LINCOLNSHIRE
POLICE DEPARTMENT

<input type="checkbox"/> Initial Application \$50 Application Fee <input type="checkbox"/> Renewal Application \$25 Application Fee <input type="checkbox"/> Vest/ID Deposit \$50
OFFICE USE ONLY
Permit #:

SOLICITOR/PEDDLER PERMIT APPLICATION

ORGANIZATION					
Peddling / Soliciting for – Product or Service			Start Date		End Date
Type of Application <input type="checkbox"/> Individual <input type="checkbox"/> Group		Type of Organization (Check all that apply) <input type="checkbox"/> Commercial <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Charitable			
Date of Application	Name of Organization			Date(s) of Previous Application	
Organization Address			City	State	Zip Code
Contact Person		Title	Contact Person Phone #		
Illinois Charitable Organization Registration #		Illinois Number – Illinois Attorney General IL-		<input type="checkbox"/> Lincolnshire Organization	
Type of Peddling / Solicitation <input type="checkbox"/> Door-to-Door <input type="checkbox"/> On-Street Solicitation/Peddling			On-Street Location		
Has Organization been previously prohibited from soliciting? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Action	Location(s) Prohibited		

APPLICANT INFORMATION					
Solicitor/Peddler Name			Date of Birth	Telephone #	
Address			City	State	Zip Code
Driver's License/ID #	DL State	Vehicle Type	Vehicle Registration	Reg State	
Previous Address (Last Three Years)			Previously Issued Solicitor Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:		
Applicant Previously Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Conviction/Charges			
Previously Charged with Solicitor/Peddler Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date/Location of Violation			
If Youth Organization Group Permit, include list of names of all people who will be soliciting.					

I certify that all of the statements above are true and correct, and I understand and authorize a criminal records check. I hereby grant the Village of Lincolnshire, their agents, and representatives, the irrevocable and unrestricted right to publish, broadcast, and display, materials bearing my name, image, company information, and/or products to be solicited in connection with an approved solicitor's permit issued by the Village of Lincolnshire. These materials may appear in any form or style without limitation to include photographs and electronic media. I understand the Permit and Issued Vest must be returned within 5 days of the permit expiration for refund of my deposit.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY					
Permit Dates	_____ to _____	Fee Paid	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Received By	_____ Date _____	Processed By	_____ Date _____		
Fingerprinted By	_____ Date _____	CQH Returned	_____	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Approved By	_____ Date _____	Vest and Permit Refund Due Date	_____		