



VILLAGE OF
LINCOLNSHIRE
POLICE DEPARTMENT

- Initial Application
\$50 Application Fee
- Renewal Application
\$25 Application Fee
- 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 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 _____		