



APPLICATION #: _____
Assigned by City Clerk's office

CITY OF EARLVILLE

Application for Permit as a Solicitor, Peddler or Canvasser

Personal Information

Name _____

Address (if different than what is shown on driver's license, state ID or passport)

Phone # _____ Email address _____

Previous/Maiden Name (if applicable) _____

Previous Address if at Present Address Less than 3 Years: _____

Has a Permit Issued to you by the City of Earlville or any other municipality ever been revoked?
Yes___ No___

Have you ever been convicted of a violation of any ordinance of any municipality of this state
regulating soliciting, peddling or canvassing? Yes___ No___

Have you ever been convicted of a felony? Yes___ No___

Company Information

Company Name _____ Address _____

Company Phone Number _____

Contact Person _____ Length of Time Employed with Company _____

Name and Address of Employer during Past Three Years if other Than Present Employer

Description of Business in Which Applicant Wishes to Engage: _____

Description of Commodities or Merchandise to be sold, or which Orders Will be taken: _____

Dates for which Permit is requested, not to exceed two days: _____
(List the specific date(s) and they must be at least 15 days past the date application turned in)

Date of Last Application for Permit (if applicable) _____

ALL ANSWERS ON THIS APPLICATION ARE UNDER OATH AND ARE SUBJECT TO THE PENALTIES FOR PERJURY.

- ❖ City ordinance states that you may solicit ONLY between the hours of 9:00 a.m. through 8:00 p.m. Monday through Friday and 9:00 a.m. through 6:00 p.m. on Saturdays; Solicitation is NOT permitted on Sundays or state/national holidays. Do not solicit on properties that have "NO SOLICITORS INVITED" (or similar) signage displayed
- ❖ A copy of a drivers's license (or state issued ID or Passport) is required for each solicitor and will be made at the City Clerk's office at time of application.
- ❖ By signing this application, you are authorizing the City of Earlville to perform a background check.
- ❖ The City of Earlville reserves the right to REVOKE your permit at any time if complaints are received from residents or if the background check warrants revocation.

Original Signature of Applicant

Date

Completed Application for Permit (4 pages, Driver's License or State issued ID or Passport to be copied and \$25.00 nonrefundable application fee) shall be turned into the City Clerk's Office at 210 W. Railroad St., Earlville, IL 60518, no less than 15 days prior to permit issuance.

All incomplete applications will be denied.

Permit Cost: \$50 per person/per day paid when permit picked up.

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FOR OFFICE USE ONLY:

Application Received By: _____ on _____

Application Fee of \$ _____ Paid by: Cash _____ Check _____ Debit/Credit Card _____

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TO BE COMPLETED BY THE MAYOR:

- ____ All sections of application filled out
- ____ Copy of Driver's License(s) or State Issued ID(s) or Passport provided
- ____ Completed and approved background checks attached

Permit Approved on: _____ Permit Denied on: _____ By: _____

Notification of Approval/Denial given by: Phone _____ Mail _____ In Person _____, on _____

By: _____
(signature)

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FOR OFFICE USE ONLY:

Permit picked up on: _____ By: _____

Permit Fee of \$ _____ Received by: _____

Paid by: Cash _____ Check _____ Debit/Credit Card _____

BACKGROUND CHECK WAIVER FORM

The facts set forth in my application for a:

Solicitor _____ Peddler _____ Canvasser _____

Are true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification or willful omission shall be sufficient reason for denial of the permit.

I hereby authorize investigation of all statements contained in my recent application and/or original application with the City of Earlville regarding my personal history, financial and credit record, employment, education, criminal history, if any, or driving history through an investigative agency of the city's choice.

I hereby state that I have not been convicted in the past four years of a felony, any sex offense as defined in Chapter 720, Act 5, Article 11 of the Illinois Compiled Statutes, or any of the following crimes as defined in said Chapter 720: assault, deception, criminal damage to property, criminal possession of any dangerous or narcotic drug, or disorderly conduct. I certify the above to be true and correct to the best of my knowledge and that I shall not violate any state laws of the State of Illinois or the ordinances of the City of Earlville.

I hereby release from liability the City of Earlville and all agents of the City of Earlville of their acts performed in good faith and without malice in connection with evaluating my application, my credentials and qualifications. I hereby release from liability any and all individuals and organizations, any firm, institution or court, releasing data pertinent to the review of my application and information released in good faith and without malice concerning my professional competence, ethics, character and other qualifications.

Original Signature of Applicant

Date

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FOR POLICE DEPARTMENT USE ONLY:

Date completed: _____

Background check passed: _____

Background check failed: _____ **Reason:** _____

Completed by (printed name) _____

Signature: _____