



# VILLAGE OF SPRING GROVE

## Application for Solicitation Permit

### Personal Data

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)  
Home Address \_\_\_\_\_  
Time at \_\_\_\_\_, If Less Than 3 Years, Past Address \_\_\_\_\_  
Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Sex: M F Race \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair Color \_\_\_\_\_  
Vehicle to be Used: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ Driver's License # \_\_\_\_\_

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### Company Representing in Solicitation

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_  
Description of Subject Matter Soliciting or Purpose \_\_\_\_\_  
Dates Requested to Solicit \_\_\_\_\_

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### Information

Have you ever been issued a Solicitation Permit in the Past? Yes No  
If Yes, list municipality permit was issued and year. \_\_\_\_\_  
If Yes, has it been revoked? Yes No  
Have you ever been convicted of any felony offense? Yes No  
Have you ever been convicted of a Class A Misdemeanor in Illinois in the past 5 years? Yes No  
Have you ever been convicted of a violation of the Village of Spring Grove's Solicitation Ordinance? Yes No

*I have read and understand the provisions of the Solicitation Ordinance of the Village of Spring Grove. I affirm to the above information to be true and correct.*

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

*Any additional associates are required to fill out an application form. Soliciting may only be done between the hours of 9:00 a.m. to 7:00 p.m. Monday through Saturday. The fee to solicit is \$50 per day per person. All applicants are required to submit to fingerprinting by the Police Department in connection with the application for certificate. For more information please refer to Article 1 – Solicitors of Chapter 10, Mercantile Establishments and Merchants, of the Village of Spring Grove Municipal Code.*

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### For Office Use Only

Date application received: \_\_\_\_\_ Date application given to PD: \_\_\_\_\_  
Date applicant fingerprinted: \_\_\_\_\_ Date background submitted: \_\_\_\_\_  
Date background check approved: \_\_\_\_\_ Signature of PD official: \_\_\_\_\_  
Certificate issued by: \_\_\_\_\_ Dates for soliciting: \_\_\_\_\_  
Date Certificate issued: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
Application fee: \_\_\_\_\_ Date application fee paid: \_\_\_\_\_