



Village of Round Lake Community Development

442 N. Cedar Lake Road Round Lake, IL 60073

Ph. 847-546-0963

www.roundlakeil.gov

Email: buildingdept@roundlakeil.gov

SOLICITOR LICENSE OVERVIEW

PROCEDURE

1. Submit application and supporting documentation
2. Complete a Background Check and Fingerprinting and obtain approval
3. Submit Surety Bond and pay for License
4. License Issuance

APPLICATION SUBMITTAL

The following must be submitted, incomplete applications will not be accepted:

- ☐ Completed Application
- ☐ Background Screening Authorization for each employee soliciting in the Village
- ☐ Color copy of State issued photo ID for each employee soliciting in the Village
- ☐ *Surety Bond (\$1,000)
- ☐ Signed Hold Harmless Agreement

*May be submitted upon approval of background screening.

BACKGROUND SCREENING

Complete and return the Background Screening Disclosure along with payment in the amount of sixty dollars (\$60.00) for each applicant, to the Village Hall. Once payment is made, your application will be forwarded to the Police Department who will contact you to set up an appointment for your screening. The timeframe to obtain the results is typically 3-4 weeks.

LICENSE FEES

DAILY: \$25.00

MONTHLY: \$200.00

LICENSE ISSUANCE

The Village will contact the applicant once the License is ready for issuance. The license fee must be paid at time of issuance.

LICENSE DISPLAY. Licensee shall at all times while doing business in this village keep in his or her possession.



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APPLICATION FOR SOLICITORS LICENSE

APPLICANT INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

BUSINESS INFORMATION

BUSINESS NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

WEBSITE:

BUSINESS EMAIL:

BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS:

BUSINESS OWNER INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

COMPLETE FOR EACH EMPLOYEE WORKING IN THE VILLAGE OF ROUND LAKE

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

*USE ADDITIONAL PAGE IF NECESSARY

LENGTH OF TIME LICENSE SOUGHT☐ DAILY

NO. OF DAY(S): _____

☐ MONTHLY

NO. OF MONTHS: _____

PROPOSED LOCATION OF ACTIVITY**VEHICLE INFORMATION**

MAKE:

MODEL:

YEAR:

COLOR:

PLATE NUMBER:

STATE:

PLEASE INITIAL EACH OF THE FOLLOWING ITEMS:**LICENSE DISPLAY**

Each solicitor shall at all times while doing business in this Village keep in his or her possession the company ID and the Village license, and shall, upon the request of prospective customers, exhibit the license. Every solicitor must be observant of the "no solicitor" or "no soliciting" signs and immediately and peacefully depart from the premises, as stated in Section 5.40.090. _____

PROHIBITED SOLICITATION PERIODS

No Peddler or Solicitor may conduct the defined activities except between the hours of nine (9:00) a.m. and five (5:00) p.m. on each day, and no solicitation or peddling shall be done on Sundays or legal holidays. _____

OBSTRUCTIONS OF PEDESTRIAN OR VEHICULAR TRAFFIC UNLAWFUL

No person, while engaged in any of the practices described in Section 5.40.020, shall block or obstruct the path of any pedestrian or vehicular traffic or block or obstruct any way of ingress or egress to roads, buildings, vehicles or other enclosures or conveyances. _____

VIOLATION – PENALTY

Any person violating the provisions of this chapter shall be subject to enforcement, revocation of license and/or a minimum fine of \$300 and not exceeding \$750.00 each day that a violation continues. _____

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE CODES AND ORDINANCES, STATE AND FEDERAL LAW, AND THE RESULTS OF ANY INSPECTIONS REQUIRED BY ORDINANCE AT THIS TIME AND ANY FURTHER INSPECTIONS WHILE THIS LICENSE IS IN FORCE. I HAVE READ THIS APPLICATION AND ANSWERED ALL QUESTIONS FULLY. THE INFORMATION I HAVE SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT**DATE****FOR OFFICE USE**

FEE SUMMARY		STAFF APPROVALS	
DAILY (\$25.00 PER DAY):	\$ _____	_____	COMPLETED APPLICATION
MONTHLY (\$200.00 PER MONTH):	\$ _____	_____	BACKGROUND SCREENING
☐ APPROVED ☐ DENIED			
SIGNATURE _____		DATE _____	



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Ph. 847-546-5400 Fax 847-546-5405

www.eroundlake.com

BACKGROUND SCREENING DISCLOSURE AND WRITTEN AUTHORIZATION

(Please read this form carefully)

DISCLOSURE

I have been notified that the Village of Round Lake and the Round Lake Police Department may request that a background screening be conducted to verify any information I have provided in connection with my application.

The Village of Round Lake or the Round Lake Police Department may request a consumer report and/or an investigative consumer report in connection with my license application or at any time during my license is valid in accordance with all applicable laws. These reports may include information about my background, including but not limited to character, mode of living, criminal history records, sex offender registry records, Social Security records, educational records, employment records, credit reports, driving records, and license/certification records, or any other such record, written or otherwise, that is deemed appropriate.

Upon written request to the Village of Round Lake and proper identification, I have the right to be informed when a consumer report or investigative consumer report is conducted, and the right to make a request to Innovative Credit Solutions, the consumer reporting agency vendor, within a reasonable period of time, as to the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me that Innovative Credit Solutions has previously furnished. Communications with Innovative Credit Solutions should be directed to PO Box 1386, Columbia, South Carolina 29202 800-345-2746.

AUTHORIZATION

My signature below authorizes the procurement of a consumer report and/or investigative consumer report upon the Village of Round Lake or the Round Lake Police Department's request in conjunction with my application.

I have read this Disclosure and Written Authorization; I understand the provisions stated herein, and I agree to the terms.

Print Name (First, MI, Last)

Social Security Number

Signature

Driver's License Number, State, & Expiration Date

Date

Date of Birth

VILLAGE OF ROUND LAKE
SOLICITOR- HOLD HARMLESS AGREEMENT

WAIVER AND AGREEMENT TO INDEMNIFY

KNOW ALL PERSONS BY THESE PRESENTS:

The Undersigned, _____ for and in return for sufficient, good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby waive, release and forever discharge the Village of Round Lake, their agents, servants, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all actions, causes of actions, lawsuits, claims and demands which the Undersigned now has or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the application.

The undersigned further agrees to indemnify the Village of Round Lake, its officers, agents, servants, and employees from any and all lawsuits, claims, demands, liabilities and expenses, including costs and attorney's fees, for on account of any injury to person or property which may arise or may alleged to have arisen out or in connection with the application.

I (We) have fully read and considered all of the terms and statements contained in this release before execution.

EXECUTED this _____ day of _____, 20____.

Print Name: _____

Signature: _____

Position: _____