Village of Woodridge

Established 1959

COMMERCIAL SOLICITATION REGISTRATION APPLICATION

REQUIRED ATTACHMENTS TO APPLICATION:

NON-REFUNDABLE APPLICATION FEE OF $100.00.
(Make checks payable to the ***Village of Woodridge)***
COPY OF A DRIVER'S LICENSE OR STATE ID OF APPLICANT.

COMPANY INFORMATION

COMPANY NAME *(Company that you are employed by and are soliciting on behalf of):*

_____

COMPANY ADDRESS: _____

CITY, STATE, ZIP CODE: _____

SUPERVISOR' NAME AND ADDRESS WITHIN THE STATE OF ILLINOIS WHERE SERVICE OF PROCESS MAY BE HAD.

(Person in your company who is in charge of those soliciting on company's behalf and his/her address)

_____

SUPERVISOR'S PHONE NUMBER*:* _____

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

SOCIAL SECURITY NUMBER:_____DATE OF BIRTH: _____

APPLICANT'S PHONE NUMBER: _____

PHYSICAL DESCRIPTION*:*

*HAIR COLOR*_____*EYES COLOR*_____*HEIGHT*_____*WEIGHT*_____*GLASSES: YES*_____*NO*_____

LENGTH OF YOUR EMPLOYMENT: _____

1. LIST DATES AND TIME OF DAY SOLICITATION IS TO BE MADE: _____

2. WHAT IS THE SUBJECT MATTER OF YOUR SOLICITATION: _____

_____

OVER ⇨

3. LIST GEOGRAPHIC AREA WITHIN THE VILLAGE WHERE SOLICITATION SHALL BE CONDUCTED: _____

_____

4. LIST DATE OF LAST APPLICATION FOR SOLICITATION, IF ANY, IN THE VILLAGE OF WOODRIDGE: _____

5. HAS A SOLICITATION REGISTRATION ISSUED TO YOU UNDER THIS ARTICLE EVER BEEN REVOKED? _____

6. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY OF THE PROVISIONS OF ARTICLE B, CHAPTER 5, TITLE 3 OR THE ORDINANCES OF ANY OTHER ILLINOIS MUNICIPALITY REGULATION SOLICITATION? _____

7. HAVE YOU EVER BEEN CONVICTED OF THE COMMISSION OF A FELONY UNDER THE LAWS OF THE STATE OF ILLINOIS OR ANY OTHER STATE, OR OF A LAW OF THE UNITED STATES? _____

Note: By the Village of Woodridge Ordinance 84-59, the Village Clerk, may direct the Chief of Police to conduct an investigation to verify the information on this application.

I certify that all of the above statements are true to the best of knowledge, information and belief. I further certify that I will notify the Village within 24 hours in writing if any change occurs in the information I have provided on this application. If this application is approved, I certify that this applicant will abide by all the rules and regulations in the Village of Woodridge regarding solicitation.

Applicant also certifies that he/she has is aware that the $100 application fee will not be refunded if application is denied for any reason.

APPLICANT'S SIGNATURE:_____ DATE:_____

☐ APPROVED

☐ DENIED