



VILLAGE OF RIVERDALE  
 157 W. 144TH STREET  
 RIVERDALE, IL 60827  
 PHONE: 708-841-2200 FAX: 708-841-7587

**HANDBILL LICENSE**  
**LICENSE FEE \$15.00 PER DAY**

**FOR OFFICE USE ONLY**

DATE SENT TO B/Z \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE LICENSE ISSUED \_\_\_\_\_ INITIALS \_\_\_\_\_  
 POLICE DEPT: DATE APPROVED \_\_\_\_\_ DATE DENIED \_\_\_\_\_ INITIALS \_\_\_\_\_  
 CLERK: DATE APPROVED \_\_\_\_\_ DATE DENIED \_\_\_\_\_ INITIALS \_\_\_\_\_

**Each person seeking such license must complete all the information below and return with the proper application fee.**

(PRINT OR TYPE)

NAME \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET CITY/STATE ZIP  
 PHONE # (\_\_\_\_) \_\_\_\_-\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_-\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_-\_\_\_\_

EMERGENCY # (\_\_\_\_) \_\_\_\_-\_\_\_\_ EMAIL \_\_\_\_\_

DOB \_\_\_\_\_ DL# \_\_\_\_\_ S.S.# \_\_\_\_\_ IBT# \_\_\_\_\_

YEARS AT ABOVE RESIDENCE \_\_\_\_\_ FORMER RESIDENCE (if less than 3 years) \_\_\_\_\_  
 STREET  
 CITY/STATE ZIP

TYPE OF HANDBILL (attach copy) \_\_\_\_\_

DATES OF DISTRIBUTION \_\_\_\_\_

NAME OF ORGANIZATION/EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 STREET CITY/STATE ZIP

HOW LONG AT THIS EMPLOYER \_\_\_\_\_ FORMER EMPLOYER (if less than 3 years) \_\_\_\_\_  
 STREET  
 CITY/STATE ZIP

HAVE YOU FILED FOR A HANDBILL LICENSE IN THE PAST? \_\_\_\_\_ IF YES, WHEN \_\_\_\_\_

HAVE YOU HAD A HANDBILL LICENSE REVOKED/DENIED? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, PROVIDE DETAILS \_\_\_\_\_

I UNDERSTAND THAT APPROVAL FOR HANDBILL DISTRIBUTION IS CONTINGENT UPON MY SUBMITTAL TO INVESTIGATION BY THE POLICE DEPARTMENT. I AUTHORIZE THE RIVERDALE POLICE DEPARTMENT TO CONDUCT A CRIMINAL BACKGROUND CHECK BASED ON THE INFORMATION PROVIDED ABOVE. THE CHIEF OF POLICE AND THE VILLAGE CLERK WILL MAKE FINAL DETERMINATION. I SWEAR THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ANY FRAUDULENT CLAIMS WILL BE GROUNDS FOR REVOCATION OF HANDBILL DISTRIBUTION PRIVILEGES.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT**