



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

**SOLICITATION LICENSE**  
**LICENSE FEE \$25.00**

**FOR OFFICE USE ONLY**

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

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

(PRINT OR TYPE)

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

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

DL # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ IBT # \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

TYPE OF SOLICITATION \_\_\_\_\_

LENGTH OF TIME REQUESTED FOR PERMIT \_\_\_\_\_

ORGANIZATION/EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
STREET CITY/STATE/ZIP

IF LESS THAN 3 YEARS, LIST PREVIOUS EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOW LOING? \_\_\_\_\_  
STREET CITY/STATE/ZIP

HAVE YOU FILED FOR A SOLICITATION PERMIT IN THE PAST? \_\_\_\_\_ WHEN \_\_\_\_\_

HAVE YOU HAD A SOLICITATION PERMIT DENIED/REVOKED ? \_\_\_\_\_ WHEN \_\_\_\_\_

EXPLAIN \_\_\_\_\_

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

I UNDERSTAND THAT APPROVAL FOR A SOLICITATION PERMIT IS CONTNGENT UPON MY SUBMITTAL TO FINGERPRINTING BY THE POLICE DEPARTMENT. THE CHIEF OF POLICE WILL MAKE FINAL DETERMINATION. I FURTHER UNDERSTAND THAT I MUST WEAR THE SOLICITATION BADGE (DEPOSIT - \$5.00) AT ALL TIMES I AM IN SAID VILLAGE. I WILL NOT SOLICIT AT HOMES DISPLAYING A 'NO SOLICITORS INVITED' DECAL. I SWEAR THAT THE INFORMATION PROVIDED ABOVE IS TRUE. FRAUDULENT CLAIMS WILL BE GROUNDS FOR REVOCATION OF SOLICITATION PRIVILEGES.

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

SIGNATURE \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT**