



# Village of Lake Zurich Police Department



## Application for Solicitation Permit For Profit Entity

Office Use Only

Received by:  Mail  Email  In-person drop off

Date Application Received:

Permit Approved  Permit Denied

Permit Number:

Expiration Date:

**A fingerprinting fee of \$50.00 is required for solicitor permits.**

Fingerprint Date:

CAD Incident #:

Cash  Check #

Receipt #:

### Applicant Information

Last First Middle Date of Birth

Street City State Zip

Telephone email Address

How long have you resided at the above address? Years Months (If less than three years, list previous address below)

Street City State Zip

Driver's License Number: State: Social Security Number:

Hair Color Eye Color Height Weight  Single  Married  Widowed  Divorced

### Spouse Information

Last First Middle

Street City State Zip

### Employer Information

Current Employer: Length of Employment Years Months

Business Address Street City State Zip Telephone

Previous Employer (If less than 3 years with current employer):

Business Address Street City State Zip Telephone

Applicant's On-Site Manager's Name:

Manager's Address Street City State Zip Telephone

### Soliciting Information

Purpose of Solicitation:

Dates of Solicitation: From To

Solicitation Method:

Will you be receiving commission or monetary compensation from this solicitation?  Yes  No

If so, in what form will you be compensated?

Have you been denied or had a solicitor's permit revoked by the Village of Lake Zurich in the past five years?  Yes  No

Have you been convicted of a felony under the laws of the State of Illinois or in any other state of the United States?  Yes  No

Have you been convicted of violating any solicitation regulations in the past five years?  Yes  No

I hereby swear and affirm all statements made by me in this application are true and correct to the best of my knowledge and that any misrepresentations, omissions, or falsifications in the foregoing statements will be cause for revocation of any permit issued to me or denial of a permit to be issued to me. I further agree the information given can and may be investigated by the Lake Zurich Police Department.

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

Print Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_