

Village of Prairie Grove 3125 Barreville Road Prairie Grove, IL 60012 815-455-1411 phone 815-455-0783 fax

| Solicitors Application: (please print)   |                                |                                |
|--|--------------------------------|--------------------------------|
| Sales Person Name: Last  |                                |                                |
| Address:   |                                |                                |
| DOB:   |                                |                                |
| DL #:  |                                |                                |
| Name of Firm / Corporation:  |                                |                                |
| Address:   |                                | Phone:                         |
| Federal Tax ID NoSta   | ate Sales Tax No               |                                |
| Describe the Nature of your Business / Orga  | nization                       |                                |
|  |                                |                                |
| Have you previously applied for a Solicitor's  |                                |                                |
| Has a Solicitor's Permit issued by any Illi  | inois Municipality ever b      | been revoked, suspended o      |
| denied?  |                                |                                |
| Have you ever been convicted of a Felony?_   |                                |                                |
| Have you been convicted of any Misdemean   | iors?                          |                                |
| If yes, for what Offense(s)  |                                |                                |
| If yes, for what Offense(s)  DATES FOR WHICH PERMIT IS SOUGHT  | : FROMT                        | .'O                            |
| Permit Conditions:   |                                |                                |
| <ul> <li>Permit Conditions:</li> <li>Permit Holder shall show Clerk materia</li> </ul>                           | la baing offered for sole      |                                |
|  | is being offered for sale.     |                                |
| <ul> <li>Hours of Solicitation 9am – 8pm.</li> <li>No more than (2) individuals shall engage</li> </ul>          | an in Calinitation at annumati | 4                              |
| <ul> <li>No more than (2) individuals shall engage</li> <li>Permit Badge shall be carried on all call</li> </ul> |                                | defice.                        |
| <u> </u>   |                                | a comical on all calls         |
| <ul><li>Clearly visible photographic identificati</li><li>Permit Holder shall honor all "No Solice</li></ul>     |                                |                                |
| <ul> <li>Permit Holder shall abide by all applical</li> </ul>  |                                |                                |
| <ul> <li>Permit Holder shall not make more than</li> </ul>   |                                |                                |
| 30-day period.   | i one sonchation can at the    | same premises in a consecutive |
| 30-day period.   |                                |                                |
| By signing this application I verify that all of the   | information that I have furn   | nished is the truth and that I |
| will abide by the above stated permit conditions of  |                                |                                |
|  |                                |                                |
| SIGNATURE OF APPLICANT   |                                | DATE                           |
|  |                                |                                |
| Permit Fee: All Solicitors or Applicants fo  | or a Solicitor's Permit sh     | nall pay a fee of \$100.00     |
| per person for a 3-day Solicitor's Permit.   |                                |                                |
| For Office Use Only  |                                |                                |
| Permit Issued by:  | Date:                          |                                |
| D. ( DAID  | D 4. F                         | Sum Data                       |
| Date PAID  | Permit E                       |                                |
| - LONG DODALINGIL DAGKEIVANA CHOOK, COIIIDICA  | 54 57 OHICH/DCL                | Date                           |