

# VILLAGE OF BUFFALO GROVE



Fifty Raupp Blvd., Buffalo Grove, IL 60089 | 847-459-2500 | www.vbg.org

## Application for Solicitor Permit

The permit shall be valid only for the calendar year in which issued regardless of the date of issue.

### SECTION A

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION B

Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION C

Name of Solicitor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

D.O.B.: \_\_\_/\_\_\_/\_\_\_ Driver's License or ID #\* \_\_\_\_\_ State: \_\_\_\_\_

**\*DL or ID must be presented at the time of application and to pick up approved solicitor badge**

Has the Applicant ever been convicted or plead guilty to a felony or misdemeanor:  YES  NO

If yes, please give nature of offense, county, state and date of conviction or plea:

\_\_\_\_\_  
\_\_\_\_\_

Purpose of solicitation: \_\_\_\_\_

Type of communication to be used: \_\_\_\_\_

Subject matter of proposed distribution or communication: \_\_\_\_\_

I understand issuance of the permit & the permit's continuation is conditioned upon compliance with all applicable codes, ordinances & laws. I agree to pay all fees associated with the permit. I understand that any changes to the information provided may require a new application. I understand failure to comply with all applicable ordinances & laws may result in revocation of the license & the privilege to conduct business in the Village of Buffalo Grove.

- Permit fees: \$50.00 (includes one solicitor) plus \$15.00 for each additional person that is added to the permit
- **Must include copy of DL or ID at time of application**

Solicitor Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_