

**COMMERCIAL SOLICITATION REGISTRATION APPLICATION**

**REQUIRED ATTACHMENTS TO APPLICATION:**

**NON-REFUNDABLE APPLICATION FEE OF \$60.00.**

*(Make checks payable to the Village of Woodridge)*

**COPY OF A DRIVER'S LICENSE OR STATE ID OF APPLICANT.**

***COMPANY INFORMATION***

COMPANY NAME *(Company that you are employed by and are soliciting on behalf of):*

\_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

SUPERVISOR' NAME AND ADDRESS WITHIN THE STATE OF ILLINOIS WHERE SERVICE OF PROCESS MAY BE HAD.

*(Person in your company who is in charge of those soliciting on company's behalf and his/her address)*

\_\_\_\_\_

SUPERVISOR'S PHONE NUMBER: \_\_\_\_\_

***APPLICANT INFORMATION***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

APPLICANT'S PHONE NUMBER: \_\_\_\_\_

PHYSICAL DESCRIPTION:

HAIR COLOR \_\_\_\_\_ EYES COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ GLASSES: YES \_\_\_\_\_ NO \_\_\_\_\_

LENGTH OF YOUR EMPLOYMENT: \_\_\_\_\_

1. LIST DATES AND TIME OF DAY SOLICITATION IS TO BE MADE: \_\_\_\_\_

2. WHAT IS THE SUBJECT MATTER OF YOUR SOLICITATION: \_\_\_\_\_

\_\_\_\_\_

OVER 

3. LIST GEOGRAPHIC AREA WITHIN THE VILLAGE WHERE SOLICITATION SHALL BE CONDUCTED: \_\_\_\_\_  
\_\_\_\_\_
4. LIST DATE OF LAST APPLICATION FOR SOLICITATION, IF ANY, IN THE VILLAGE OF WOODRIDGE: \_\_\_\_\_
5. HAS A SOLICITATION REGISTRATION ISSUED TO YOU UNDER THIS ARTICLE EVER BEEN REVOKED? \_\_\_\_\_
6. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY OF THE PROVISIONS OF ARTICLE B, CHAPTER 5, TITLE 3 OR THE ORDINANCES OF ANY OTHER ILLINOIS MUNICIPALITY REGULATION SOLICITATION? \_\_\_\_\_
7. HAVE YOU EVER BEEN CONVICTED OF THE COMMISSION OF A FELONY UNDER THE LAWS OF THE STATE OF ILLINOIS OR ANY OTHER STATE, OR OF A LAW OF THE UNITED STATES? \_\_\_\_\_

***Note: By the Village of Woodridge Ordinance 84-59, the Village Clerk, may direct the Chief of Police to conduct an investigation to verify the information on this application.***

I certify that all of the above statements are true to the best of knowledge, information and belief. I further certify that I will notify the Village within 24 hours in writing if any change occurs in the information I have provided on this application. If this application is approved, I certify that this applicant will abide by all the rules and regulations in the Village of Woodridge regarding solicitation.

Applicant also certifies that he/she has is aware that the \$60 application fee will not be refunded if application is denied for any reason.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED

DENIED