



**VILLAGE OF LAKE BLUFF**  
**APPLICATION FOR COMMERCIAL & NON-PROFIT SOLICITATION PERMIT**

(A FORM/FEE IS REQUIRED FOR EACH PARTICIPATING SOLICITOR)  
 APPLICATION FEE: \$100.00

**APPLICANT INFORMATION** (as background checks are conducted, your full name is required):

Applicant's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip

Length of Time at Present Address: \_\_\_\_\_ years \_\_\_\_\_ months If less than three (3) years, please list immediate past address: \_\_\_\_\_

Street City State Zip

Make: _____	Model: _____	Year: _____	Color: _____	Plate Number: _____
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Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**VEHICLE INFORMATION** (required if a vehicle is used during solicitation activity):

**ORGANIZATION INFORMATION:**

Organization Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization Address: \_\_\_\_\_  
 Street City State Zip

Length of time affiliated with Organization: \_\_\_\_\_ months Supervisor's Name: \_\_\_\_\_

**SOLICITATION EVENT INFORMATION:**

Title of Event: \_\_\_\_\_

Purpose & Description of Requested Solicitation: \_\_\_\_\_

Start Date & Time: \_\_\_\_\_ End Date & Time: \_\_\_\_\_

Have you ever been issued a solicitation permit in the past?  Yes  No If so, was it revoked?  Yes  No

Have you ever been convicted of a felony under the laws of the State of IL or any other jurisdiction?  Yes  No

Have you ever been convicted of a violation of any state or local ordinance regulating soliciting?  Yes  No

**I have read and understand the provisions of the Solicitors/Peddlers Ordinance of the Village of Lake Bluff and recognize that the Village may request additional information as needed. I affirm and declare under penalty of perjury that the above statements are true and correct.**

Applicant's Printed Name Applicant's Signature Date

**VILLAGE USE ONLY:**

Original: \_\_\_\_\_ Renewal: \_\_\_\_\_ Fee Received: \_\_\_\_\_ Background Exam: \_\_\_\_\_

Photo Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certificate of Registration Approved by: \_\_\_\_\_ Dated: \_\_\_\_\_

