



  
**WINFIELD**  
 EST *Illinois* 1921  
 A PLACE TO DISCOVER <sup>TM</sup>



**POLICE DEPARTMENT**

27W465 Jewell Road – Winfield, IL 60190

Telephone: (630) 933-7160 – Fax (630) 668-5541

[www.villageofwinfield.com](http://www.villageofwinfield.com)

SOLICITOR/PEDDLER LICENSE

60 DAY LICENSE/PERMIT

NON-PROFIT/CHARITABLE PERMIT

Application for license or permit in the business of soliciting and/or peddling. If non-profit or charitable please supply the Village with the latest copy of your financial report and charter.

(TYPE OR PRINT CLEARLY)

1. Name of Applicant \_\_\_\_\_

|   |            |    |
|---|------------|----|
| Last Name   | First Name | MI |
| (Exact name as stated on birth certificate and/or driver's license/ID card) |            |    |

Home Address \_\_\_\_\_ Year Here \_\_\_\_\_

Previous Address (if less than three years at current address) \_\_\_\_\_

Phone number \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Female/Male \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

2. Full name of business or organization sponsoring solicitation:

\_\_\_\_\_ Length of Service \_\_\_\_\_

Explain any acronyms \_\_\_\_\_

Headquarters address \_\_\_\_\_ Phone number \_\_\_\_\_

Local address \_\_\_\_\_ Phone number \_\_\_\_\_

3. Description of merchandise:

If for Profit \_\_\_\_\_

If for Non-Profit \_\_\_\_\_

Focus of Non-Profit or Charitable Organization \_\_\_\_\_

Raising Funds Only  Y or  N

Sell-Give Merchandise for Donation

4. Dates solicitation will begin and end. The geographical area within the Village wherein solicitation shall be conducted. **No solicitation prior to 9 AM until sunset on any day Monday through Saturday. There is no soliciting at any time on Sunday or on a state or national holiday.**

From:

To:

Geographic Area: \_\_\_\_\_

5. Description of vehicle (s), if any, to be used in solicitation.  
**(If more than one vehicle, please attach separate sheet showing information)**

Make \_\_\_\_\_ Model \_\_\_\_\_ Type \_\_\_\_\_

Color \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_ DL # \_\_\_\_\_

6. Have you applied for a solicitor's permit from the Village of Winfield before?  Yes  No

If yes, when? \_\_\_\_\_

7. Has the Village of Winfield ever revoked a solicitation permit from you?  Yes  No

If yes, when? \_\_\_\_\_

8. Have you ever been convicted of a violation of Winfield's current or prior peddling/solicitation ordinance, or that of any other municipality, or Illinois' State statues regarding peddling or soliciting?  Yes  No

If yes, when and where: \_\_\_\_\_

9. Has applicant ever been convicted of a felony under any state's law or the laws of the United States?  Yes  No

If yes, when and where: \_\_\_\_\_

I, (print name) \_\_\_\_\_, hereby declare, under oath, that the statements made herein are true and correct to the best of my knowledge and belief; that I will honor all posted "No Peddling, "No Soliciting", "No Solicitors or Peddlers", "Non-Profit Soliciting Only", "Charitable Organization Solicitors Only", or any and all legally posted signs to control peddling/soliciting in the Village of Winfield; that I will honor the Village of Winfield code and solicit between the hours of 9 AM until sunset any day Monday through Saturday and I will not peddle/solicit on Sundays or state or national holidays; that I will leave the premises immediately upon being asked to leave. I further understand that any incorrect or fraudulent statement made in this application, or while peddling or soliciting, or alleged violation therein, constitutes sufficient grounds for the immediate suspension and/or revocation of the right to solicit within the Village of Winfield, Illinois. I further acknowledge that I have read and understand the entire Village of Winfield Code on Soliciting, Title 3, Chapter 6. (A copy of this Village Code is available on line at [www.villageofwinfield.com](http://www.villageofwinfield.com))

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**PAYMENT**

**\$50.00 Non-refundable Fee Paid**

Yes     No

Payment form:

Cash

Check #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved     Denied    Reason for denial: \_\_\_\_\_

Date Approved: \_\_\_\_\_    Approved by: \_\_\_\_\_

Copy of Driver's License

Yes     No

Copy of Passport

Yes     No

Other form of ID: \_\_\_\_\_