

VILLAGE OF WINNEBAGO
SOLICITORS PERMIT APPLICATION

OVERVIEW

Completion of this application in no manner guarantees the issuance of a solicitors permit by the Village of Winnebago. It is only for consideration in granting the applicant the ability to solicit in Winnebago, Illinois. Any omissions, falsified information or incomplete applications may be grounds for immediate denial of permit issuance.

FEES:

The fee for the permit per the ordinance 2015-11 and 2022-07 shall be:

- \$100 for a permit expiring 90 days after its issuance, or
- \$200 for a permit expiring one year after its date of issuance.

- This fee shall be waived as to volunteers seeking donations for not-for-profit corporations, or seeking contributions which are recognized as deductible for Federal income tax purposes, but a permit is still required.

Permitted hours of solicitation upon approval are as follows:

Door to Door Solicitation shall be permitted between 9:00am and 7:00pm, Monday through Saturday. NO such business shall be permitted on Sundays, nor on State or National holidays.

Stationary Itinerant Merchants shall be permitted to operate between the hours of 6:00am and 10:00pm, Monday through Saturday. NO such business shall be permitted on Sundays, nor on State or National holidays.

SECTION 3. REVOCATION OF PERMIT: Ordinance 2015-11

Any permit issued pursuant to this ordinance may be revoked by the Village Chief of Police or designee due to any violation by the permitted of this or of any other ordinance of the Village, or of the State or Federal law, or whenever the permittee shall cease to possess the qualifications or character required by this ordinance for the original permit.

APPLICANT:

NAME: _____ DOB: _____
ADDRESS: _____ APT#: _____
CITY: _____ STATE: _____ ZIP CODE: _____
SOCIAL SECURITY#: _____ DRIVERS LICENSE#: _____
TELEPHONE: _____ STATE ID #: _____

COMPANY:

COMPANY NAME: _____
COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE#: _____

MANAGER/SUPERVISOR: _____ DOB: _____
ADDRESS: _____ APT#: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____ EXT: _____

SALESPEOPLE: **LIST ALL PERSONS ENGAGED IN SELLING OF PRODUCTS**

SALESPERSON 1:

NAME: _____ SOCIAL SECURITY#: _____
DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____
HOME ADDRESS: _____ APT#: _____
CITY: _____ STATE: _____ ZIP CODE: _____

SALESPERSON 2:

NAME: _____ SOCIAL SECURITY#: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

HOME ADDRESS: _____
_____ APT#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SALESPERSON 3:

NAME: _____ SOCIAL SECURITY#: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

HOME ADDRESS: _____
_____ APT#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SALESPERSON 4:

NAME: _____ SOCIAL SECURITY#: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

HOME ADDRESS: _____
_____ APT#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

VEHICLES: LIST ALL VEHICLES USED DURING SOLICITATION HOURS

VEHICLE 1:

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

BODY STYLE: (2 DOOR, 4 DOOR, SUV/VAN): _____ LICENSE NUMBER: _____

LICENSE STATE OF ISSUANCE: _____

REGISTERED OWNER: _____

VEHICLE 2:

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

BODY STYLE: (2 DOOR, 4 DOOR, SUV/VAN): _____ LICENSE NUMBER: _____

LICENSE STATE OF ISSUANCE: _____

REGISTERED OWNER: _____

VEHICLE 3:

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

BODY STYLE: (2 DOOR, 4 DOOR, SUV/VAN): _____ LICENSE NUMBER: _____

LICENSE STATE OF ISSUANCE: _____

REGISTERED OWNER: _____

IF ACTING AS AN EMPLOYEE OR AGENT OF ANOTHER COMPANY:

NAME OF EMPLOYER/PRINCIPLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FEDERAL EMPLOYER ID# (FEIN): _____

TELEPHONE: _____

OR

SOCIAL SECURITY NUMBER: _____

Pursuant to **Article IV** section 1 subsection **(B)(1)(e)**, crime and/or misdemeanor for which any aforementioned people named in this application have been convicted of, include the nature of the offense and penalties assessed.

NAME: _____ NATURE: _____ PENALTY: _____

Time period that the applicant's business will be conducted:

DATES: FROM: _____ TO: _____

HOURS OF OPERATION: _____ TO _____ DAILY.

DAYS OF OPERATION: (NOTE: SUNDAYS & STATE/FEDERAL HOLIDAYS ARE PROHIBITED)

CIRCLE EACH: M T W TH FR SATURDAY

LICENSE AND PERMITS:

List any and all specialty permits or licenses that may be required by federal, state or local laws that the applicant possesses in order to conduct the proposed business. (Include permit numbers & authorizing agency.)

ITEMS OR SERVICES TO BE SOLD:

Comprehensive list of all items to be sold or services offered for sale. If goods, list the nature, character and quality of goods to be sold, include invoice value of each item; if the items are to be sold by sample as well as from stock, where and by whom the items were manufactured or grown and where such items are at the time of application.

Applicant Signature: _____ DATE: _____

Has met insurance coverage requirements: YES NO

COPIES TO BE ATTACHED.

APPLICATION REVIEW

CHIEF OF POLICE:

REVIEW DATE: APPROVED DENIED

CHIEF OF POLICE SIGNATURE: _____

IF DENIED, LIST REASON(S):

BOARD OF TRUSTEES:

REVIEW DATE: APPROVED DENIED

IF DENIED, LIST REASON(S):