



VILLAGE OF ARLINGTON HEIGHTS

Department of Building & Life Safety
33 S. Arlington Heights Rd.
Arlington Heights, IL 60005
Phone (847) 368-5560
Fax (847) 368-5975
Website: Building@vah.com

SOLICITOR & PEDDLER LICENSE APPLICATION

ORGANIZATION NAME: _____ PHONE #: _____

ORGANIZATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FOR PROFIT IL. BUSINESS TAX #: _____

** NOT FOR PROFIT REGISTRATION #: _____

PERSON IN CHARGE OF THIS EVENT: _____ PHONE #: _____

DATES OF SOLICITATION: FROM: _____ TO: _____

SOLICITING FOR: (DESCRIBE MERCHANDISE OR SERVICES OFFERED) _____

COMPANY NAME: _____

COMPANY CONTACT PERSON: _____ PHONE: _____

APPLICATION MUST BE ACCOMPANIED BY ALL RELATED DOCUMENTS AT TIME OF SUBMITTAL.

Permits are not valid for more than 90 days in any 365 day period.

LOCATION OF SOLICITATION: (Please check all that apply).

DOOR TO DOOR Using the attached sheet, provide the dates and geographic areas for your activities. Pursuant to Chapter 12, Article X of the Village of Arlington Heights Municipal Code, no door-to-door soliciting or peddling is permitted before the hour of 9:00 a.m. or after the hour of 9:00 p.m. and no soliciting or peddling shall occur on Sundays. Additionally, all peddlers and solicitors will comply with any notices containing such words as "NO SOLICITORS AND NO PEDDLERS". All such notices are to be obeyed by all solicitors and peddlers. Failure to abide by the hours or failure to abide by the notices may be cause for revocation of the permit to solicit or peddle in the Village.

SHOPPING CENTER Provide the name and address of the shopping center(s) as well as a letter from each shopping center owner granting permission for you to solicit or peddle on the property.

INTERSECTION (TAGGING) Provide the intersections and hours you will be soliciting. Also, provide evidence of a policy of comprehensive general liability insurance in an amount not less than \$1,000,000, as well as a Certificate of Insurance naming the Village as additional insured. All solicitors must be at least 16 years old, must wear high visibility vests, and can only solicit during daylight hours. You may not solicit for more than two successive days within a time period.

OTHER LOCATION Provide the name and address of the property, as well as a letter from the property owner granting permission for you to solicit or peddle on the property.

** Must submit written statement of recent date by the Attorney General of Illinois that the organization has complied with the provisions of "An Act to Regulate Solicitation and Collection of Funds for Charitable Purposes", 225 ILCS 460/1 et seq., as now or hereafter amended, if the organization is subject to the statute. A statement by the Attorney General of exemption under 225 ILCS 460/5 is required for religious organizations.

By signing this Application, I acknowledge that all of the information contained in this Application is true and correct. I further understand that failure to comply with the applicable requirements of Chapter 12, Article X of the Village of Arlington Heights Municipal Code is cause for denial of this Application.

Person in charge of event signature: _____ Date: _____

FOR OFFICE USE ONLY

CONTROL #: _____ LICENSING DEPARTMENT: APPROVED PARTIAL APPROVAL DENIED

PERSON IN CHARGE OF EVENT

1. NAME OF SOLICITOR: (LEGAL NAME). _____ HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
EMAIL ADDRESS: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

LIST OF CANVASSERS

1. NAME OF SOLICITOR: (LEGAL NAME). _____ HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

2. NAME OF SOLICITOR: (LEGAL NAME). _____ HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

3. NAME OF SOLICITOR: (LEGAL NAME). _____ HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

4. NAME OF SOLICITOR: (LEGAL NAME). _____ HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

5. NAME OF SOLICITOR: (LEGAL NAME). _____ HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

6. NAME OF SOLICITOR: (LEGAL NAME). _____ HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

7. NAME OF SOLICITOR: (LEGAL NAME). _____ HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

8. NAME OF SOLICITOR: (LEGAL NAME). _____ HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

9. NAME OF SOLICITOR: (LEGAL NAME). _____ HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____