



# VILLAGE OF MAYWOOD

Village Clerks Office  
40 Madison Street  
Maywood, IL 60153  
708-450-6360

## PEDDLERS, SOLICITORS, & CANVASSERS LICENSE APPLICATION

DATE OF APPLICATION: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### APPLICATION REQUIREMENTS / PROCESS:

- ✓ COPY OF DRIVER'S LICENSE OR STATE ID FOR ALL PARTICIPANTS IN PERSON
- ✓ APPLICATION MUST BE COMPLETED IN FULL
- ✓ ALL FEES ARE DUE WITH THE SUBMISSION OF THE APPLICATION
- ✓ DUE TO BACKGROUND CHECKS PROCESS MAY TAKE 4 WEEKS OR MORE

LICENSE FEE: \$210 PER YEAR (1 ID)    \$215 PER YEAR (2 ID'S)    \$15 ADDITIONAL ID'S

TYPE OF LICENSE: PEDDLER \_\_\_\_\_ SOLICITOR \_\_\_\_\_ CANVASSER \_\_\_\_\_

COMPANY NAME (Company that you are employed by and are peddling on behalf of):  
\_\_\_\_\_

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

CITY/STATE/ZIP CODE: \_\_\_\_\_

FEDERAL TAX ID#: \_\_\_\_\_ STATE TAX ID#: \_\_\_\_\_

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

*(Person in your company in charge of those peddling on company's behalf and his/her address)*  
\_\_\_\_\_  
\_\_\_\_\_

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

**NATURE OF BUSINESS AND DESCRIPTION OF PRODUCTS/SERVICES TO BE SOLD:**  
\_\_\_\_\_  
\_\_\_\_\_

**DATES YOU WILL BE CONDUCTING BUSINESS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**HOURS OF OPERATION:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**METHOD OF DELIVERY FOR PRODUCTS/SERVICES SOLD:**

VEHICLE MAKE /MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ YEAR: \_\_\_\_\_ PLATE #: \_\_\_\_\_

VEHICLE MAKE /MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ YEAR: \_\_\_\_\_ PLATE #: \_\_\_\_\_

**APPLICANT INFORMATION**

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

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

CITY/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

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

DRIVERS LICENSE OR STATE ID #: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY SOLICITATION ORDINANCE?

YES \_\_\_ NO \_\_\_ IF SO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES \_\_\_ NO \_\_\_ IF SO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL BADGE HOLDERS:**

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

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

CITY/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

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

DRIVERS LICENSE OR STATE ID #: \_\_\_\_\_

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

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

CITY/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

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

DRIVERS LICENSE OR STATE ID #: \_\_\_\_\_

# CONFIDENTIAL

## Village of Maywood Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Drivers License Number/ State: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address From: \_\_\_\_\_  
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Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Drivers License Number/ State: \_\_\_\_\_

*(Please contact the Clerk's Office if additional forms needed)*

The information contained in this application is correct to the best of my knowledge. I hereby authorize the Village of Maywood Police Department and its designated agents and representatives to conduct a comprehensive review of my background. I understand that the scope of the background check may include but it is not limited to the following areas: verification of social security number; consent and previous residences; employment history, education background character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdiction; driving records, birth records and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the Village of Maywood Police Department or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm corporation, or public agency may have, to include information or data records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the Village of Maywood and its agents, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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

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