

City of Warrenville

APPLICATION FOR LICENSE, SOLICITORS, CANVASSERS AND PEDDLERS

NAME OF APPLICANT _____

ADDRESS _____

PHONE NUMBER _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

PHONE NUMBER _____

APPLICANT: M/F _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

DATE OF BIRTH _____ SOCIAL SECURITY _____

DRIVERS LICENSE # _____ STATE _____

VEHICLE YEAR _____ MAKE _____ COLOR _____ LICENSE _____

ON FOOT

ILLINOIS DEPARTMENT OF REVENUE SALES TAX NUMBER _____

NATURE OF SERVICES, SUBSCRIPTIONS OR GOODS OFFERED FOR SALE, OR OF CAUSE FOR WHICH CONTRIBUTIONS ARE SOUGHT

DATES AND TIME FOR WHICH LICENSE IS DESIRED _____

FEE: \$25.00 PER DAY, PER PERSON TO BE SUBMITTED WITH APPLICATION FOR LICENSE

I, _____ ON OATH, STATES
HE/SHE HAS READ THE FOREGOING AND THE STATEMENTS
AND MATTERS THEREIN ARE TRUE.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS _____
DAY OF _____ 20__ A.D.

NOTARY PUBLIC

Affix two (2)
photos here