



VILLAGE OF MAYWOOD

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

PEDDLERS, SOLICITORS, & CANVASSERS LICENSE APPLICATION

DATE OF APPLICATION: _____

APPLICATION REQUIREMENTS

- ✓ COPY OF A DRIVER'S LICENSE OR STATE ID OF APPLICANT
- ✓ CURRENT COOK COUNTY HEALTH DEPARTMENT PERMIT IF YOU ARE PEDDLING FOOD
- ✓ COMPLETED APPLICATION 14 DAYS PRIOR TO BEGINNING BUSINESS
- ✓ ALL FEES ARE DUE WITH THE SUBMISSION OF THE APPLICATION

(ALL INFORMATION REQUESTED MUST BE COMPLETED IN FULL)

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

Type of License: Peddler _____ Solicitor _____ Canvasser _____

COMPANY INFORMATION

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 who is 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 #: _____

FOR OFFICE USE ONLY

APPROVAL:

DATE: _____ BY: _____

NAME OF BADGE HOLDER	BADGE NUMBER ISSUED

DENIAL:

DATE: _____ BY: _____

REASON: _____

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: _____
(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: _____

(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: _____