



11. Applicant Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Mo.) (Day) (Year)

12. Applicant Social Security Number: \_\_\_\_\_

13. Physical Description of the Applicant:

\_\_\_\_\_  
(Height) (Weight) (Hair Color) (Eye Color)

14. Applicant Driver's License Number: \_\_\_\_\_  
(Issuing State) (License Number)

( If the applicant does not currently hold a driver's license- indicate by stating **NO LICENSE**)

15. Number of Company Vehicles to be used in the Village.

Vehicle Make:\_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

Vehicle Make:\_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

Vehicle Make:\_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

16. Will you broadcast music or sound from any company vehicle used for soliciting? \_\_\_\_ (yes) \_\_\_\_ (no)

17. Length of Employment with the Applicant Company: from: \_\_\_\_\_ to: \_\_\_\_\_

18. Name and Address of Employers during the past three years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Have you been convicted of a felony within 5 years of the date of this application?  
(Check One) Yes:\_\_\_\_\_ No:\_\_\_\_\_

20. Nature and Circumstance of the Conviction Charge: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever been charged with a misdemeanor that involved dishonesty or making false statements under state law or a similar violation in another state within five years of the date of this application?  
(Check One) Yes:\_\_\_\_\_ No \_\_\_\_\_

22. Nature and Circumstances of the Misdemeanor Charge: \_\_\_\_\_

23. Has a previously issued license or permit issued to you or your company ever been revoked?  
(Check One) Yes: \_\_\_\_\_ No \_\_\_\_\_

24. Reason and Circumstances for the Revocation: \_\_\_\_\_

25. Have you ever been convicted of public solicitation without a Village permit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Month/Day/Year of Conviction: \_\_\_\_/\_\_\_\_/\_\_\_\_

26. List Illinois cities who have issued you or your company a solicitor or itinerant vendor license?

27. Nature of the Business and Principal product(s) to be sold: \_\_\_\_\_

28. Illinois Retail Sales Identification #: \_\_\_\_\_

29. Date(s) License Requested For: from: \_\_\_\_\_ to \_\_\_\_\_

30. Do you have a current DuPage County Health Department Permit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

31. If yes, Health Permit # and Date of Issuance: \_\_\_\_\_  
(Permit Number) (Date Issued)

Application must be complete and signed by each solicitor to process within 10 days. Incomplete and unsigned applications cannot be processed. Please review the application before submitting it. The undersigned swears that they will comply with all local, State and Federal laws in conducting the business enterprise described herein, that all the information contained in this application is true and accurate to the best of their knowledge and belief and that they authorize the Village to release any and all information contained on this license application to any agency or person(s) capable of substantiating the truth and validity of the information to the Carol Stream Police Department. The applicant also promises to release the Village of Carol Stream, its officials, agents or employees from any liability or damages which result from verifying the accuracy and reliability of the information contained on this application. The Village of Carol Stream promises to use the information contained on this application solely for the purpose of processing and responsibly issuing the license applied for.

\_\_\_\_\_  
(Applicant Name-PRINTED)

\_\_\_\_\_  
(Applicant Name- SIGNED)

Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_