



**COMMUNITY DEVELOPMENT**  
**847-459-2620 (fax) 847-459-2656**  
**847-459-2621**

**COMMERCIAL SOLICITATION/PEDDLING PERMIT APPLICATION**  
**Fee: \$13.75 per person per day due upon submission of application. Allow 7-10 days for approval.**  
**(Please print or type)**

DATES, HOURS, AND LOCATION FOR WHICH THE PERMIT IS REQUESTED: \_\_\_\_\_

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

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

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

NAME OF THE BUSINESS FOR WHOM THE SOLICITATION OR PEDDLING WILL BE CONDUCTED:  
\_\_\_\_\_

BUSINESS OR ORGANIZATION ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): \_\_\_\_\_

Describe the purpose of the solicitation or peddling activities: (include the merchandise or commodities the applicant proposes to sell or deal in and the current registration under the Retailer's Occupation Tax Act, if any) \_\_\_\_\_

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

Have you applied for a Peddlers or Solicitors Permit or registered to conduct either of those activities

Within the Village of Wheeling? \_\_\_\_\_ If yes, indicate when \_\_\_\_\_

**(Complete back page)**



Have you ever been convicted of a felony or crime of moral turpitude? \_\_\_\_\_ If your response is yes, state the crime(s) for which you were convicted, the date(s) of conviction and the location of such conviction(s) \_\_\_\_\_

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

Have you or the business or organization for which you will be peddling or soliciting ever had a peddling or soliciting permit or license suspended or revoked by any state or local government? \_\_\_\_\_ If your response is yes, state the date(s) and location(s) of such suspension(s) or revocation(s) \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ (applicant's printed name) being sworn upon oath depose and state that I have read the foregoing application, understand its contents and that all of the information provided in this application is true and correct. I have reviewed and understand the appropriate village ordinances relating to the solicitation to be conducted by me. I further authorize the Village of Wheeling or its agents to obtain, prepare, use or furnish information concerning all matters set forth in this application, including but not limited to my current and former employment, criminal background, general reputation and other relevant information and I hereby release the Village of Wheeling, its officers, agents and employees from any liability of whatever kind and nature arising out of their receipt or use of such information.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**FOR OFFICE USE**

Police Department

Director of Community Development

APP \_\_\_ REJ \_\_\_ DATE \_\_\_\_\_

APP \_\_\_ REJ \_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permit Number \_\_\_\_\_ Issued by \_\_\_\_\_ Number of Days \_\_\_\_\_ Fee \_\_\_\_\_