PEDDLER'S LICENSE APPLICATION

APPLICATION REQUIREMENTS:

- ***NON-REFUNDABLE APPLICATION FEE OF $60.00.*** *(Make checks payable to the* ***Village of Woodridge****)*
- ***COPY OF A DRIVER'S LICENSE OR STATE ID OF APPLICANT.***
- ***CURRENT DUPAGE COUNTY HEALTH DEPARTMENT PERMIT IF YOU ARE PEDDLING FOOD PRODUCTS.***
- ***COMPLETED APPLICATION*** *(All information requested is* ***required****.)*

COMPANY INFORMATION

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

_____

COMPANY ADDRESS*:* _____

CITY, STATE, ZIP CODE: _____

SUPERVISOR' 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*:* _____

APPLICANT INFORMATION

NAME**:** _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

APPLICANT'S PHONE NUMBER: _____

PHYSICAL DESCRIPTION*:*

AGE _____ *HAIR COLOR* _____ *EYES COLOR* _____*HEIGHT* _____

WEIGHT _____ *GLASSES: YES*_____*NO*_____

LENGTH OF YOUR EMPLOYMENT: _____

OVER ⇨

1. DESCRIPTION OF GOODS, WARES OR MERCHANDISE BEING PEDDLED: _____

   _____

2. LIST DATE OF ANY PREVIOUS APPLICATION FOR SOLICITATION OR PEDDLING, IF ANY, IN THE VILLAGE OF WOODRIDGE: _____

3. HAS A PEDDLER'S LICENSE OR SOLICITATION REGISTRATION ISSUED TO YOU OR YOUR COMPANY EVER BEEN REVOKED? _____

4. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY OF THE PROVISIONS OF ARTICLE B, CHAPTER 5, TITLE 3 OR THE ORDINANCES OF ANY OTHER ILLINOIS MUNICIPALITY REGULATING SOLICITATION? _____

5. HAVE YOU EVER BEEN CONVICTED OF THE COMMISSION OF A FELONY UNDER THE LAWS OF THE STATE OF ILLINOIS, OR LAW OF THE UNITED STATES? _____

6. TYPE OF VEHICLE TO BE USED: _____
   Make Model Year Color
   LICENSE PLATE NUMBER: _____ IN THE STATE OF _____

   DRIVERS LICENSE NUMBER: _____ IN THE STATE OF _____

Note: By the Village of Woodridge Ordinance 84-59, the Village Clerk, may direct the Chief of Police to conduct an investigation to verify the information on this application.

I certify that all of the above statements are true to the best of knowledge, information and belief. I further certify that I will notify the Village within 24 hours in writing if any change occurs in the information I have provided on this application. If this application is approved, I certify that I will abide by all the rules and regulations in the Village of Woodridge regarding peddling.

Applicant also certifies that he/she has is aware that the $60 application fee will not be refunded if application is denied for any reason.

APPLICANT'S SIGNATURE: _____ DATE: _____

☐ APPROVED

☐ DENIED