



# Village of Maple Park

302 Willow Street ♦ P.O. Box 220 ♦ Maple Park, Illinois 60151

Village Hall: 815-827-3309

Fax: 815-827-4040

Website: <http://www.villageofmaplepark.com>

## PEDDLER, SOLICITOR, ITINERANT MERCHANT LICENSE APPLICATION

**Peddler**

**Solicitor**

**Itinerant Merchant**

<b>COMPANY NAME:</b>			
<b>COMPANY ADDRESS:</b>			
		<b>City</b>	<b>State</b>
			<b>Zip Code</b>
<b>COMPANY PHONE:</b>	(            )		
	<b>Area Code</b>	<b>Phone Number</b>	

<b>APPLICANT NAME:</b>			
<b>APPLICANT ADDRESS:</b>			
		<b>City</b>	<b>State</b>
			<b>Zip Code</b>
<b>APPLICANT PHONE:</b>	(            )		
	<b>Area Code</b>	<b>Phone Number</b>	

<b>APPLICANT'S BIRTHDATE:</b>			
<b>(NOTE: APPLICANT MUST PRESENT A VALID DRIVER'S LICENSE OR STATE ID UPON COMPLETION OF THIS APPLICATION)</b>			
<b>APPLICANT'S SOCIAL SECURITY NUMBER:</b>			

<b>VEHICLE INFORMATION</b>			
<b>Make of Vehicle:</b>		<b>Year:</b>	
		<b>Model:</b>	
<b>License Plate Number:</b>			

<b>Type of Business to be Conducted:</b>			
<b>Location of Sales:</b>			
	<i>(i.e. door to door, mobile vehicle, parking lot, etc.)</i>		
<b>Owner Address (if to be selling in a parking lot, etc.):</b>			
		<b>City</b>	<b>State</b>
			<b>Zip Code</b>

<b>Additional Employees:</b>			

**List the two most current cities in Illinois that you conducted this type of business and the date(s) business was conducted:**

City	Date(s) business conducted
City	Date(s) business conducted

**\*APPLICANTS MUST REGISTER WITH THE IL DEPARTMENT OF REVENUE FOR PAYMENT OF SALES TAX\***

For questions please call:  
**IL Department of Revenue**  
 (Sales Tax)  
 (815) 987-5210

**\* THE VILLAGE OF MAPLE PARK IS IN TWO COUNTIES \***  
 (please contact the State of Illinois for the tax to be paid)

**This is the amount you will collect and report to the State of Illinois. Compliance is required and will be verified. Failure to comply with these rules and regulations will result in termination of your license.**

I hereby state that I have not been convicted in the past four (4) years of a felony, any sex offense as defined in Chapter 720, Act 5, Article II of the Illinois Compiled Statutes, or any of the following crimes as defined in Chapter 720: assault, deception, criminal damage to property, criminal possession of any dangerous or narcotic drug, or disorderly conduct. I certify the above to be true and correct to the best of my knowledge and that I shall not violate any laws of the State of Illinois or the ordinances of the Village of Maple Park. I understand that I will be subjected to a background check and fingerprinting. I have read and understand the regulations in regard to Sales Tax in the Village of Maple Park.

**Today's Date**

**Signature of Applicant**

One Day	\$5.00
More than one day and not more than one week	\$25.00
More than one week	\$50.00

**Submit completed applications to:**

Village Clerk  
 Village of Maple Park  
 302 Willow Street  
 P.O. Box 220  
 Maple Park, IL 60151

**If you should have any questions or require further assistance please call (815) 827-3309.**

**For Village Use Only**

<b>Amount Due:</b>		<b>Paid by:</b>	<b>Check #:</b>	<input type="checkbox"/> <b>Cash</b>
<b>Issued By:</b>		<b>Date:</b>		

**APPLICANTS ARE ALSO SUBJECT TO A FINGERPRINT BACKGROUND INVESTIGATION**



*Village of Maple Park*

Village Clerk

302 Willow St, P.O. Box 220

Maple Park, IL 60151

Phone: (815) 827-3309

Fax: (815) 827-4040

[www.villageofmaplepark.com](http://www.villageofmaplepark.com)

For Office Use Only

Permit/License:  Issued  Denied

Reason Denied \_\_\_\_\_

**FINGERPRINT BACKGROUND INVESTIGATION FORM**

*(Print Clearly)*

I, the applicant, understand this Fingerprint Background Investigation Form is a comprehensive information source used by the Village of Maple Park to verify my suitability for licensing and/or permitting. I understand that all information provided will be held in confidence and will not be used for any other purpose. I also understand that failure to provide full, complete and accurate information will result in the rejection of my application. I hereby make this background check for a:

<input type="checkbox"/> Liquor License <input type="checkbox"/> Taxi Driver License <input type="checkbox"/> Peddler Permit  <input type="checkbox"/> Itinerant Merchant Permit <input type="checkbox"/> Solicitor Permit
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1. NAME OF APPLICANT: \_\_\_\_\_  
(Full Name with Middle Initial)

2. MAIDEN NAME and/or NAME(S) ALSO KNOWN BY: \_\_\_\_\_

3. PERMANENT ADDRESS: \_\_\_\_\_

4. TEMPORARY ADDRESS: \_\_\_\_\_

5. Tel. \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

6. BIRTH DATE (Month/Day/Year): \_\_\_\_\_

7. BIRTH PLACE: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

8. CITIZEN OF U.S.? (check one)  Yes  No Date and Place of Naturalization \_\_\_\_\_

9. DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

10. Has your license ever been suspended or revoked? (check one)  Yes  No

11. Do you have automobile insurance? (check one)  Yes  No

Company Name: \_\_\_\_\_ Company Representative \_\_\_\_\_

12. List all the citations you have received:

Year	Charge	Disposition

13. List all the traffic accidents or collisions you have been involved in:

Year	Location	Investigating Agency

14. Have you ever been detained or arrested by police for a non-traffic related reason? (Please circle) Yes No

Year	Location	Agency	Charge or Reason

Use a separate sheet to explain the details of any arrest.

15. Have you ever been involved in civil litigation? (check one)  Yes  No If yes, give details on a separate sheet.

16. References: List three persons who know you well enough to comment on your professional character.

Name	Address		City/State/Zip
Phone	Years Known	Capacity Known	

Name	Address		City/State/Zip
Phone	Years Known	Capacity Known	

Name	Address		City/State/Zip
Phone	Years Known	Capacity Known	

17. STATEMENT

I swear (or affirm) the above information is true and correct to the best of my knowledge and I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the forgoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application.

I hereby give permission for the release of any information pertaining to myself and I release and hold harmless all persons for any information they may provide to the duly authorized agent of the Village of Maple Park charged with the investigation of my background and suitability for the license and/or permit I am seeking.

DATE: \_\_\_\_\_

PRINT NAME:

SIGNATURE:

\_\_\_\_\_



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## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Village of Maple Park, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran’s Administration; any and all records from police agencies, court records whether criminal or civil complaints or grievances filed by or against me and the records and recollections of attorneys, at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history fingerprint background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for a license and/or permit for which I am applying with the City. I also hereby release and hold harmless all persons for any information they may provide to the authorized agent of the Village of Maple Park charged with the investigation of my background and suitability for holding the license and/or permit I am seeking. I further release the Village of Maple Park, its employee(s), and specifically the authorized agent of the Village of Maple Park from any and all liability, which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original writing of my signature.

I have read and fully understand the contents of this “Authorization for Release of Personal Information”.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_

\_\_\_\_\_  
Address

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

# FINGERPRINT BACKGROUND INVESTIGATION

# RECEIPT

For Village Use Only				
<b>Amount Paid:</b>		<b>Check #:</b>	<input type="checkbox"/> Cash	<b>Issued by:</b>
<b>Name:</b>			(Paid Stamp)	