

**SOLICITOR'S STATEMENT  
OF UNDERSTANDING, ACCEPTANCE AND AGREEMENT**

Village of Swansea, Illinois  
1400 N. Illinois street  
Swansea, IL 62226

**READ CAREFULLY AND SIGN BELOW**

1. ***I understand, accept and agree*** that Solicitor shall mean any one or more of the following activities:
  - a) Seeking to obtain orders for the purchase of goods, wares, merchandise, food stuffs, services of any kind or description, whatever, for any kind of consideration whatever, or;
  - b) Seeking to obtain prospective customers for application or purchase of insurance of any type, kind or character, or;
  - c) Seeking to obtain subscriptions of books, magazines, periodicals, newspapers and every other type or kind of publication, or;
  - d) Seeking to obtain gifts or contributions of money, clothing or any other valuable thing for the support or benefit of any charitable or non-profit association, organization, corporation or project.
2. ***I understand, accept and agree*** that the hours for soliciting shall be from 9:00 a.m. to 9:00 p.m. on the days Monday through Saturday.
3. ***I understand, accept and agree*** that soliciting shall ***not*** be permitted on Sundays or state or national holidays.
4. ***I understand, accept and agree*** that it shall be unlawful to erect or place any sign on, upon or along any right-of-way or upon private property that would visibly interfere with vehicular traffic.
5. ***I understand, accept and agree*** that the fee for a license to solicit shall be \$10.00 per day, per person.
6. ***I understand, accept and agree*** that private property may not be used without written permission from the property owner, which shall be attached to my application for license.

I CERTIFY BY MY SIGNATURE BELOW, THAT I HAVE READ, UNDERSTAND, AND ACCEPT EACH OF THE PROVISIONS ABOVE, AND WILL ABIDE BY THEM, AND BY THE CODES, ORDINANCES, REGULATIONS, AND STATUES OF THE VILLAGE OF SWANSEA AND THE STATE OF ILLINOIS.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

VILLAGE OF SWANSEA, ILLINOIS

APPLICATION FOR LICENSE: PEDDLERS, SOLICITORS

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

Name of Applicant: \_\_\_\_\_  
(Last) (First) (MI)

Physical description of applicant:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_  
Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Permanent home and local address of applicant, and, in case of itinerant merchants, the local address from which proposed sales will be made:

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

Length of residency: \_\_\_\_\_

If present home address is less than 3 years, list previous address:

\_\_\_\_\_

Telephone Numbers: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

Name and address of employer, if any:

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

Name and address of previous employer(s) for the past three years:

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

The length of time for which the right to do business is desired: \_\_\_\_\_

If the employer is a corporation, provide the state of its incorporation, whether it is authorized to do business in Illinois and evidence that the corporation has designated a resident agent in the Village of Swansea upon whom legal service may be made and that the corporation will be responsible for the acts of its employees in the Village of Swansea.

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

Is this use a business that is required to register under the State of Illinois Retailer's Occupational Tax Act, Use Tax Act or any similar act? If yes, please list the registration number: \_\_\_\_\_

Description and identification of subject matter of the soliciting:

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

A statement as to whether or not the applicant or any of its employees and agents has been convicted of any crime, misdemeanor or violation of any municipal ordinance other than a traffic violation, the nature of the offense and the penalty imposed.

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

Have you previously applied for a certificate of registration for soliciting with this office? \_\_\_\_\_

If yes, when: \_\_\_\_\_

If you have previously applied for a certificate, has it ever been revoked? \_\_\_\_\_

If yes, when: \_\_\_\_\_

List the names of the last cities or villages, not exceeding three, where applicant has carried on business immediately preceding the date of this application and the addresses from which said businesses were conducted in those municipalities:

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

Signed: \_\_\_\_\_

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**COMPLETE THE NEXT PAGE BY PROVIDING INFORMATION FOR ALL OTHER  
PERSONS WHO WILL BE SOLICITING**

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_  
Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_  
Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_  
Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_  
Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**ACTION TAKEN BY VILLAGE OF SWANSEA**

License Denied: \_\_\_\_\_

License Granted: \_\_\_\_\_

If denied, reason for denial:

\_\_\_\_\_

\_\_\_\_\_

Date of Action: \_\_\_\_\_

Effective Date of License: From: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Chief of Police, Village of Swansea

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License Fee: \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_