



Crystal Lake Police Department
Solicitor/Peddler Permit Application

Application #: _____
Effective Date: ____/____/____
Expiration Date: ____/____/____

Solicitor's Permit Peddler's Permit
Both are valid for 30 days

Name: _____ Date of Birth: ____/____/____
Last, First, MI Month Day Year

*Current address: _____
Street address City State Zip code

*Prior addresses, if less than 3 years at current address: List on back of page 1

Driver license number and state: _____ SSN: ____ - ____ - ____

Home phone: (____) ____ - ____ Cell phone: (____) ____ - ____

Height: _____ Weight: _____ Sex: _____ Race: _____ Hair: _____ Eyes: _____

Name of business or organization being represented: _____

Length of time applicant employed by this business or organization: ____/____
Years Months

Business address: _____
Street address City State Zip code

Business Phone number: (____) ____ - ____

Supervisor's name: _____ Phone number: (____) ____ - ____

Description of product(s) to be sold or purpose of solicitation:

Have you ever been:

- Convicted of a violation of any of the provisions of this ordinance, or of any ordinance of any other municipality regulating soliciting? **Yes No**
- Convicted of the commission of a felony under the laws of the State of Illinois, or any other State of Federal Law? **Yes No**

Date, or approximate date, of the latest previous application for a license under this ordinance, if any:

____/____/____
Month Day Year

