



Village of Palatine  
Police Department  
595 N. Hicks Rd.  
Palatine, IL 60067  
(847)359-9000  
[village@palatine.il.us](mailto:village@palatine.il.us)

## INSTRUCTIONS FOR COMPLETING APPLICATION

1. Print **legibly** or type all information.
2. Personal information should match what appears on driver's license or state issued ID card.  
Copy of ID must be submitted with application.
3. No nicknames or abbreviations will be accepted.
4. Falsifying information will result in refusal of application or revocation of operator's license, and the forfeiture of the application fee.
5. Applicants MUST submit two (2) recent head shots (1.5" X 1.5"). Polaroid photographs and photos printed on regular computer printer paper are **NOT** acceptable. **Photos must be printed on photo paper.**
6. Please allow ten (10) business days for processing. You will be contacted when the solicitor license is ready.
7. Each applicant will need to be fingerprinted to conduct a background check at the time of the application submittal. Appointments for fingerprints must be made with Justin Ander at (847) 359-9033. Walk-ins WILL NOT be accepted. The applicant fee will be due at the time of application submittal.

## FEES

**\$41.00 Registration fee for the business with the Village of Palatine**

**\$30.00 Each applicant fee for fingerprints and solicitor badge**

**\$14.00 Daily fee - per person/per day**



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## Solicitor/Peddler Certificate of Registration

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ D.L. State \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cellular Telephone # \_\_\_\_\_

### BUSINESS INFORMATION

Business/Association Name \_\_\_\_\_ Business Telephone# \_\_\_\_\_

Business Address \_\_\_\_\_

Name of person in charge \_\_\_\_\_ Telephone# \_\_\_\_\_

Nature of goods or service \_\_\_\_\_

Do you collect a deposit \_\_\_\_\_ Number of person(s) soliciting \_\_\_\_\_

What date(s) will you be soliciting in the Village \_\_\_\_\_

Total number of days soliciting \_\_\_\_\_ Have you previously solicited in the Village \_\_\_\_\_

If yes, name of firm and dates \_\_\_\_\_

Have you ever been convicted of a felony? If yes, give details. YES  NO

I certify that all answers are complete and true and that I have read and understand the provisions of Chapter 11 Article VI of the Village of Palatine Code of Ordinances. I agree to indemnify and save harmless the Village of Palatine and its employees from any action arising out of release of such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For Office Use Only:

Approved

Not Approved

\_\_\_\_\_  
Signature of Approval

\_\_\_\_\_  
Date