



County of Will
 302 N. Chicago Street
 Joliet, Illinois 60432
 (815) 740-4601

Lawrence M. Walsh
 Will County Executive

SOLICITOR APPLICATION

PLEASE PRINT:

Name of Applicant:							
(First)			(M.I.)		(Last)		
Address:							
(Street)				(City)		(State)	(Zip Code)
Date of Birth:	Sex:	Race:	Height:	Weight:	Hair	Social Security No.:	
<i>*If you are under the age of 17, we must have legal guardian's signature.</i>							
Driver's License No.		Daytime Phone No.			Evening Phone No.		
		<input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit			() -		
Car Description:							
License Plate No.:	Make:	Model:	Year:	Color:			

Business Name:			
Business Address:			
(Street)		(City)	(State) (Zip Code)
Business Phone No.:	State of Illinois Sales Tax I.D. No.:	Please check:	
() -		For Profit <input type="checkbox"/>	Not for Profit <input type="checkbox"/>
Name of Immediate Supervisor or Business Manager:			Phone No.:
			() -

List all products you will be selling:			
Date(s) for which permit is desired:	Please check:		
	Door to Door <input type="checkbox"/>	Other: (please specify) <input type="checkbox"/>	
List any communities where you have solicited in the last six (6) months:			
Cities:	From:	Date(s):	To:

***NOTE: FOUR (4) WORKING DAYS ARE NEEDED TO PROCESS APPLICATION**

I hereby certify that the foregoing information is true and correct to the best of my knowledge, and as an applicant, consent to the independent verification of the information provided and agree to abide by the terms and regulations prescribed in the Will County Solicitor's Ordinance and by the terms of any license issued thereunder.

X _____

Signature of Applicant Date