



County of Will
302 N. Chicago Street
Joliet, Illinois 60432
(815) 740-8398

Denise E. Winfrey
Will County Executive

SOLICITOR APPLICATION

PLEASE PRINT:

7/2020

Name of Applicant:						
(First)		(M.I.)		(Last)		
Address:						
(Street)			(City)		(State)	(Zip Code)
Date of Birth:	Sex:	Race:	Height:	Weight:	Hair	Social Security No.:
*If you are under the age of 17, we must have legal guardian's signature. <input checked="" type="checkbox"/>						
Driver's License No.		Email Address:			Phone Number	
					() -	
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"/>		
SPECIFIC ADDRESS, LOCATION OR TOWNSHIP WHERE BUSINESS / SALE CAN BE CONDUCTED AND HOURS OF OPERATION						
List any communities where you have solicited in the last six (6) months:						
Cities:			Cities and Date(s):			
			From:	To:		
<p>*NOTE: FOUR (4) WORKING DAYS ARE NEEDED TO PROCESS APPLICATION</p> <p>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.</p>						
X _____					_____	
Signature of Applicant					Date	