

VILLAGE OF NEWARK

Solicitor Permit Itinerant Merchant Permit

Application Date: _____

Expires: _____

Name (Last, First, Middle)			Date of Birth:	SSN:	State:
Sex:	Height:	Weight:	Hair:	Eyes:	
Home Address:				Phone:	
Firm, Corporation or Association Name:		Firm, Corporation or Association Address:			
Describe the Subject or Product(s) that you are soliciting:					
How long have you been employed there?			Length of time requested for permit?		
Date(s) of previous solicitation in Newark.			Have you ever had a permit revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you or your agency ever been convicted of a felony under State or Federal Law? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Describe:					
Have you ever been convicted of a violation under the soliciting ordinances in this Village, or in any other municipality in violation of their soliciting regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where, when and provide disposition of the case:					
Are you, or the firm you represent, subject to an act entitled "An act to Regulate Solicitation and Collection of Funds for Charitable Purposes, Providing for Violations Thereof, and Making an Appropriation therefore?" <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide certification by the Attorney General of the State of Illinois that you have complied with Chapter 23, Section 5101 of the Illinois Revised Statutes.					
The following is a list of the municipalities and counties that the requestor, organization, and/or company have previously solicited similar products or services within the past 2 years, whether or not a permit was issued by those agencies. <input type="checkbox"/> Neither I, nor my firm, corporation or association have solicited similar products or services within the past 2 years in any jurisdiction, with or without a permit.					
VEHICLE INFORMATION					
Year	Make	Model	Color	License Plate	State

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions on this solicitor application. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of the application. I have also reviewed the Village of Newark ordinances, and understand it is my responsibility to understand and comply with all Village of Newark ordinances.

Applicant Signature

Date

******* For Office Use Only – Do not write below this line *******

Application Received: _____ by _____

Application Fee: _____ Paid by Cash / Check # _____

Application Reviewed by: _____

Criminal History Checks done: _____ by _____

Application Approved: _____ Fee: _____ Paid by Cash / Check # _____

Application Denied: _____ Reason: _____

Permit Issued By: _____ Date: _____

Permit Expires: _____
Report Number, if one was generated: _____

Notes:

Consent of Property Owner: All itinerant merchants must submit a signed statement from the owner of the property from which they are proposing to operate their businesses evidencing permission to do business on the particular owner's property.

Health Certificate: Any hawker, solicitor, or itinerant merchant who sells food or beverages from a vehicle or stand shall be required to obtain a health inspection certificate from the Kendall County public health department. Said certificate shall be required to do business under a certificate of registration under this ordinance.

