



PLAINFIELD POLICE DEPARTMENT

14300 S. COIL PLUS DR.
PLAINFIELD, IL 60544
(815) 436-6544 – Fax: (815) 436-1486

DEPARTMENT STAMP

RECEIVED BY: \_\_\_\_\_

SOLICITOR APPLICATION

APPLICANT INFORMATION

Form section for Applicant Information with fields for Name, Address, Telephone, Driver's License, Date of Birth, Sex, Race, Height, Weight, Hair Color, Vehicle Color, Year, Make, Model, License Plate Number, and State.

BUSINESS INFORMATION

Form section for Business Information with fields for Business Name, Telephone #, Name of Immediate Supervisor, Address, City, State, Zip Code, and a section for profit status and dates for which permit is desired.

Field for listing all products you will be selling.

LIST ANY COMMUNITIES WHERE YOU HAVE SOLICITED IN THE LAST SIX MONTHS

Table with 3 columns: City or County and State, Start Date, End Date. Two rows for listing solicited communities.

ALARM COMPANIES ARE REQUIRED TO BE LICENSED BY THE STATE OF ILLINOIS. PLEASE PROVIDE THE FOLLOWING INFORMATION:

ILLINOIS DEPT. PROFESSIONAL REGULATION LICENSE NUMBER: Expires:

SECURITY ALARM SALES: Specify if door-to-door solicitation includes a point-of-sale application process. YES NO

\* If yes, we require you to provide your customer with an information packet regarding the Plainfield alarm ordinance and their responsibilities if they choose to have an alarm installed in their residence or business.

I hereby certify that the foregoing information is true and correct to the best of my knowledge, and as an applicant, consent to independent verification of the information provided and agree to abide by the terms and regulations prescribed in the Village of Plainfield Solicitors Ordinance and by the terms of any license issued there under.

Form section for Signature of Applicant and Date of Application.

**PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON SOLICITING**

NAME: (LAST – FIRST – MIDDLE)			DATE OF BIRTH:	
ADDRESS:			STATE:	ZIP:
DRIVERS LICENSE #:	STATE:	EXPIRES:	IF MINOR, PROVIDE EMPLOYMENT CERTIFICATE # OR DEPT OF LABOR PERMIT #:	
NAME: (LAST – FIRST – MIDDLE)			DATE OF BIRTH:	
ADDRESS:			STATE:	ZIP:
DRIVERS LICENSE #:	STATE:	EXPIRES:	IF MINOR, PROVIDE EMPLOYMENT CERTIFICATE # OR DEPT OF LABOR PERMIT #:	
NAME: (LAST – FIRST – MIDDLE)			DATE OF BIRTH:	
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ADDRESS:			STATE:	ZIP:
DRIVERS LICENSE #:	STATE:	EXPIRES:	IF MINOR, PROVIDE EMPLOYMENT CERTIFICATE # OR DEPT OF LABOR PERMIT #:	

**USE ADDITIONAL SHEETS IF NEEDED.**