

VILLAGE OF DURAND
308 W. MAIN STREET, DURAND, IL 61024

SOLICITORS PERMIT APPLICATION

Application Date: _____

Applicant's Full Name: _____

Present Street Address / City / State / Zip: _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Name of Person, Company or Organization Represented: _____

Street Address / City / State / Zip: _____

Work Phone: _____ Cell Phone: _____ Phone (other): _____

Length of service with above named person, company or organization: _____

Are you with a crew? _____ Crew Manager's Name & Address: _____

License Number & State of Auto driven or in which you are riding: _____

Name and Description of Product or Service Being Sold: _____

Have you ever been denied or had a license within the Village of Durand revoked? ___Yes ___No

If yes, please explain: _____

Have you ever been arrested for any offense? ___Yes ___No

If yes, please explain: _____

Requested Date(s) of Solicitation: _____

INFORMATION/FEEES REQUIRED FOR A 30 DAY PERMIT

- 1. Copy of Driver's License or State ID.**
- 2. Registration Fee - \$100.00**
- 3. Licensing Fee - \$25.00 per person**

(OVER)

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I, _____, do solemnly swear that the forgoing information is true and
(print applicant's name) complete to the best of my knowledge.

Please: Refrain from trespassing upon private and public properties, except on designated walks or paths.

**Hours for Solicitation: 9 A.M. – 8 P.M. Monday thru Saturday
10 A.M. – 8 P.M. Sunday**

Signature of Applicant

Date

Signature of Village Clerk
Or Authorized Personnel

Date

OFFICE USE ONLY

APPROVED _____ DENIED _____ Date _____

Solicitors
Permit #: _____ Date Issued: _____ Expiration Date (30 days): _____

Issued by: _____