

Village Issued Permit	No:
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VILLAGE OF MINOOKA

Application for Solicitors, Peddlers and Itinerant Merchant Permit

Application Date:	Permit Peri	od Requested:	Thirty (30) Days or _	One (1) Year		
Name:		Height	Weight			
Date of Birth: Ey	e Color:	Hair Color:	Glasses:	Mustache:		
Driver's License No:		State Issued:	Date of Expira	tion:		
Make & Year of Vehicle Driven:		Vehicle Plate # and State Issued:				
Current Street Address:	Address: City, State and Zip:					
Phone Number & Email Address (to b	e called/emailed v	vhen permit is ready):				
	Previous	Addresses during Pa	st Year			
Street Address:	City, State and Zip:					
Are you required to register as a se	x offender?		(If yes, give details or	n reverse side of this sheet.)		
Have you been convicted of a felor	y or a misdemea	nor involving dishon	-			
				reverse side of this sheet.)		
Data Francia Ta		MENT DURING PAST	YEAR			
Date From: To Employer's Name, Address and Tel		Type of Work:				
Have you had any Solicitor's Permit	s revoked in the	last year?	Γ YEAR (Use reverse side			
*	AND REC	QUEST FOR INFORMA				
I hereby authorize and empower to consumer reporting agency, or of furnish information concerning mageneral reputation, and personal Department, the Chief of Police a background and reputation. This is products in the Village of Minook whatsoever nature, on account of formation in the Village of Minook whatsoever nature, on account of formations.	her outside servey current and for characteristics. In and all information is to learn the learn	ice company engage ormer employment, I respectfully req mation that you have be used to determine ase you and/or your	d by said officials, to of current and former be uest that you furnish the concerning me, my be the eligibility for the iss employer from any lia	obtain, prepare, use and usiness practices, credit, to the Minooka Police packground, my business suance of a permit to sell		
SIGNATURE		3	WITNESS			
DATE			DATE			
Solicitors Permit, Peddlers or Itiner Date/s permit valid Amount of paid	ant Merchant (W					