

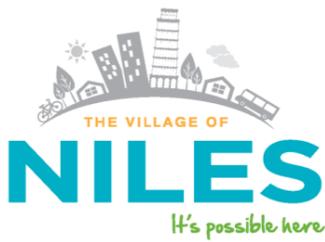
1000 Civic Center Drive, Niles, Illinois 60714 • Telephone (847) 588-8000 • Fax (847) 588-8051

Solicitor / Canvasser Application Instructions

1. Complete the Solicitor/Canvasser Application and the Disclosure and Release of Information Authorization forms. Print legibly or type all information.
2. Personal information should match what appears on driver's license or state-issued ID card.
3. No nicknames or abbreviations will be accepted
4. Applicant must submit a copy of his/her driver's license and work ID.
5. In order to approve you to go door-to-door in the Village of Niles, we must run a background check; a \$100.00 fee is required at time of application. Checks/money orders should be made payable to "Village of Niles." Visa, MasterCard and Discover credit cards are accepted.
6. Please allow 5 to 7 business days for processing. You will be contacted when permit is ready. Permit is valid for three months from date of issuance.
7. Return the application forms, a copy of your driver's license and work ID, and a \$100.00 check/money order/credit card to:

Village of Niles
Cathy Spadoni, General Government
1000 Civic Center Drive
Niles, Illinois 60714

Phone: 847-588-8005
Fax: 847-588-8051



<u>For Office Use Only</u>
Date Received: _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Permit No. _____

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Solicitor / Canvasser Application

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Sex Male Female

Place of Birth _____ Citizen of the United States YES NO

Driver's License # _____ D.L. State _____

Social Security # _____

Home Telephone # _____ Cell Telephone # _____

BUSINESS INFORMATION

Business/Association Name _____ Business Telephone # _____

Business Address _____

Name of person in charge _____ Telephone # _____

Nature of goods or service _____

Have you ever been convicted of a felony? YES NO If yes, when? _____

If yes, give details. _____

I certify that the information contained in this application is, to the best of my knowledge, correct and that any statements found to be false will result in my loss of the right to solicit within the Village of Niles.

Signature of Applicant

Date

Disclosure and Release of Information Authorization

I authorize the Village of Niles and Employment Advantage, a consumer reporting agency, to retrieve information from references and from law enforcement agencies at the federal, county, and state levels relating to my past activities, and to supply any and all information concerning my background. I release the same (Village of Niles and Employment Advantage) from any liability resulting in providing such information. The information received may include, but is not limited to, litigation, personal history, driving history, and criminal history records.

I understand that a consumer report may be prepared summarizing this information. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand that proper identification will be required, and that I should direct my request to Employment Advantage at 1 Concourse Parkway NE, Suite 200, Atlanta, GA 30328.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to approval of my application for solicitation any such statements and/or answers are found to be false or that information has been omitted, such false statements or omissions will be just cause for the denial of my permit for solicitation.

I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if approved for a permit for solicitation by the Village of Niles, this release will remain in effect throughout such time approved on the permit.

Signature	Social Security Number	Date
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PLEASE PRINT CLEARLY:

Last Name	First Name	Middle Name
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Street Address	City	State	Zip
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Driver's License No.	State of License	Expiration Date	Date of Birth
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List any other LAST NAMES you have used during the previous 7 years.

List any other CITIES AND STATES in which you have lived during the previous 7 years.