VILLAGE OF RIVERDALE
157 W. 144TH STREET
RIVERDALE, IL 60827
708-841-2200/FAX: 708-841-7587

SOLICITATION LICENSE
LICENSE FEE $_____

FOR OFFICE USE ONLY

DATE SENT TO B/Z _____ INITIALS _____ DATE LICENSE ISSUED _____ INITIALS _____

POLICE DEPT: DATE APPROVED _____ DATE DENIED _____ INITIALS _____

Each person seeking such license must complete the information below and return with the proper application fee.

(PRINT OR TYPE)

NAME_____BUS. PHONE_____

ADDRESS_____
STREET CITY/STATE ZIP

DL# _____ SOCIAL SECURITY# _____ IBT# _____

PHONE_____ SOCIAL SECURITY # _____ IBT # _____

YEARS AT ABOVE RESIDENCE _____ FORMER RESIDENCE (if less than 3 years) _____
STREET

_____
CITY/STATE ZIP

TYPE OF SOLICITATION _____

LOCATION TO BE USED _____
STREET ADDRESS

BUILDING OWNER NAME _____ PHONE _____

(Written approval from owner of property must accompany this application)

COMPANY/ORGANIZATION/EMPLOYER NAME _____

ADDRESS _____/_____ PHONE _____
STREET CITY/STATE/ZIP

******ICE CREAM TRUCKS******

TRUCK NUMBER _____ LIC. PLATE NUMBER _____

******PROOF OF VEHICLE INSURANCE MUST BE PROVIDED******

******INSPECTION MUST BE DONE BY HEALTH OFFICER******

HAVE YOU FILED FOR A PEDDLER LICENSE WITH THE VILLAGE OF RIVERDALE IN THE PAST? _____.

WHEN _____. HAVE YOU HAD A PEDDLER LICENSE REVOKED? _____

EXPLAIN _____

HAVE YOU BEEN CONVICTED OF A FELONY? _____. IF YES PROVIDE DETAILS _____

_____

I UNDERSTAND THAT APPROVAL FOR A PEDDLER/VENDOR LICENSE IS CONTNGENT UPON MY SUBMITTAL TO FINGERPRINTING BY THE POLICE DEPARTMENT. THE CHIEF OF POLICE AND/OR ZONING ADMINISTRATOR WILL MAKE FINAL DETERMINATION. I FURTHER UNDERSTAND THAT I MUST DISPLAY THE PEDDLER TAG AT ALL TIMES I AM IN SAID VILLAGE. I SWEAR THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND FRAUDULENT CLAIMS WILL BE GROUNDS FOR REVOCATION OF PEDDLER'S PRIVILEGES.

PRINT NAME _____ DATE _____

SIGNATURE _____

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT