

VILLAGE OF GRANDVIEW

2377 EAST RESERVOIR STREET
SPRINGFIELD, ILLINOIS 62702

Maria Ray, President

OFFICE - 528-7624

FAX - 528-9690

SOLICITATION LICENSE APPLICATION

NAME: _____ DOB _____

ADDRESS: _____

PHONE # _____ DL # _____

EMPLOYER _____

TYPE OF PRODUCT OR SERVICE _____

NAME OF COMPANY _____

METHOD OF OPERATION IN THE VILLAGE _____

DATES REQUESTED FOR LICENSE _____

.....

NO PERSON SHALL MAKE ANY FALSE STATEMENT UPON APPLICATION. THE ACT OF SIGNING AN APPLICATION SHALL CONSTITUTE CONSENT TO A CRIMINAL BACKGROUND CHECK BY THE CHIEF OF POLICE. EACH APPLICATION SHALL PAY TO THE CHIEF OF POLICE A **NON-REFUNDABLE FEE** IN THE AMOUNT OF **\$30.00** AT THE TIME OF THE APPLICATION. THE CHIEF OF POLICE SHALL COMPLETE THE INVESTIGATION AND GRANT OR DENY THE APPLICATION FOR THE LICENSE WITHIN (3) THREE BUSINESS DAYS. THE PERMIT WILL EXPIRE (7) SEVEN DAYS FROM THE DATE OF ISSUE.

SIGNATURE OF APPLICANT

.....

APPROVED _____

DENIED _____

DATE: _____

REVIEWED/APPROVED BY _____

GRANDVIEW POLICE DEPARTMENT

*2377 Reservoir
Springfield, Illinois 62072
(217) 528-7624*

SOLICITOR'S PERMIT

This is to certify that _____
(Date of Birth)_____, Representing _____,
has applied for and received a **Solicitor's Permit** for the Village of Grandview.

He/She must not call at any home where a **NO SOLICITORS** card is displayed and solicit only
between the hours of **9:00 a.m. and 6:00 p.m.**

This permit is good for a _____ day period beginning _____
and ending _____.

Authorizing Police Agent

Date

"A Community and Police in Partnership."