

Police  
Department



Mike Roth  
Chief of Police

2500 LAKE AVENUE - VILLAGE OF LAKEWOOD, IL 60014  
815 / 459-2151 - FAX 815 / 459-8346

PERMIT # \_\_\_\_\_

### APPLICATION FOR SOLICITATION

(Pursuant to Chapter 34.01 of the Lakewood Municipal Code)

Please print legibly

NAME (Last, First, Middle) \_\_\_\_\_

ADDRESS (residence) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

How long at above residence?    Years \_\_\_\_\_                      Months \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

If at above residence less than three years, give previous address:

\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH (Mo, Day, Year) \_\_\_\_\_

Valid Drivers License # \_\_\_\_\_ State \_\_\_\_\_

State ID Card # \_\_\_\_\_ State \_\_\_\_\_

Copy attached (DL or State ID)

APPLICANT'S PHYSICAL DESCRIPTION (for fingerprint processing and/or identification purposes)

HT \_\_\_\_\_      EYES \_\_\_\_\_      SEX \_\_\_\_\_      SKIN \_\_\_\_\_  
WT \_\_\_\_\_      RACE \_\_\_\_\_      COUNTRY OF BIRTH \_\_\_\_\_      HAIR \_\_\_\_\_

FOID CARD     Yes       No      FOID ID # \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_      CELL PHONE \_\_\_\_\_

LENGTH OF EMPLOYMENT    Years \_\_\_\_\_                      Months \_\_\_\_\_

If employed less than 3 years, enter name and address of previous employer:

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- FOR PROFIT:** Describe the nature of the solicitation, type of business, or attach handouts, which may assist in the review of this application. – OR –
- NOT-FOR-PROFIT:** Attach a copy of not-for-profit status. Describe the nature of the solicitation, type of business, or attach handouts that may assist in the review of this application.

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Period of time requested for solicitation (list specific dates):

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Date of the latest previous application for a Certificate under this Ordinance:

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Has a Certificate of Registration issued to you under the Village of Lakewood’s Ordinance ever been revoked?

- Yes                       No

Have you ever been convicted of a violation of this ordinance of any other municipality regulating soliciting?

- Yes                       No

Have you ever been convicted of the commission of a felony under the laws of the State of Illinois, or any other State or Federal law of the Unites States?

- Yes                       No

**NOT-FOR-PROFIT:** I attest and/or certify that the

\_\_\_\_\_ (name of organization) is *Not-for-Profit* under the terms of the Village of Lakewood’s *Solicitors Ordinance, Chapter 34 or on National or State Holidays. Dependent upon* and that the organization is in compliance with the *Solicitation for Charity Act, 225 ILCS 460/0.1 et seq. Solicitors may be required to be fingerprinted, see “For Profit”* which follows.

**FOR PROFIT:** *The information I have provided in this Application concerning my background is true and correct. I understand that each participant in this solicitation must submit to fingerprinting 45 days in advance of the date(s) requested for the solicitation activity. I understand that there is a \$39 fee for each set of fingerprints, and a \$25 per person per day fee for the permit to solicit.*

**ALL:** *I further understand that without a certificate of registration approved by the Chief of Police, a \$\$1,000 fine per occurrence could be levied upon my organization or me. I understand the following parameters of Soliciting in the Village of Lakewood: There is no solicitation on Sunday or on National or State Holidays. Dependent upon approved dates, Solicitation can only take place Monday through Friday 9 a.m. to 9 p.m. and on Saturday from 9 a.m. to 6 p.m. If a “No Soliciting” sign is posted at the residence, solicitation is prohibited, and the solicitor will depart peacefully and immediately. I understand that the Chief of Police, pursuant to section 34.05 of the Village of Lakewood Municipal Code may revoke this Certificate. Each person who will be soliciting shall carry on his or her person a Certificate issued to that person by the Lakewood Police Department.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ Signature of APPLICANT

\_\_\_\_\_ Organization (Print)

\_\_\_\_\_ Signature of Agent for Organization