PEDDLERS LICENSE REGISTRATION

1. Name of Applicant wishing to engage in peddling

   _____

   Address of applicant: _____

2. Address within the State of Illinois where applicant may be contacted:

   _____

   Telephone: _____

3. Age of applicant: _____ Height: _____ Weight: _____
   Hair Color: _____ Eyes _____ Glasses _____

4. Name of corporation or organization employing applicant:

   _____

   Address of employer: _____
   Length of employment to date: _____

5. Description of goods, wares or merchandise being peddled: _____

   _____

6. Date of any previous applications made for a Peddlers or Commercial Solicitors License in the Village of Woodridge _____

7. Has a Peddlers or Commercial Solicitors License issued to you or your organization ever been revoked in the Village of Woodridge? _____

8. Have you ever been convicted of a violation of any provision of an ordinance of any other Illinois municipality regulating peddling? _____

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

   _____

10. Type of vehicle to be used: _____
    Make Model Year Color
    License Plate Number: _____ in the State of _____
    Drivers License Number: _____ in the State of _____

NOTE: ***By the Village of Woodridge Ordinance 84-59, the Village Clerk may direct the Chief of Police to conduct an investigation to verify the information provided on this application.***

I certify that all of the above statements are true to the best of my knowledge, information and belief. If this application is approved, I certify that I will abide by all the rules and regulations in the Village of Woodridge regarding peddling.

Signature: _____ Fee Received _____
Applicant Cash receipt number.

APPROVAL: _____
Village Clerk

DENIED: _____
Village Clerk