

SOLICITOR'S PERMIT APPLICATION

City of Oak Forest

15440 S. Central Avenue, Oak Forest, IL 60452

708-687-4050; cityofoakforest@oak-forest.org



COMPANY NAME: _____

COMPANY ADDRESS: _____

SOLICITOR'S NAME: _____

SOLICITOR'S PHONE: _____

SUPERVISOR'S NAME: _____

DATES OF SOLICTION: _____

PRODUCT(S): _____

Solicitor Description: Male: ___ Female: ___ Height: _____ Weight: ___ Hair: _____ Eye: _____

Have you been convicted of a crime? Yes or no: _____

Vehicle description, including plate number: _____

Driver's license number: _____

Date of birth: _____

All applicants for licenses required by ordinance shall attach to this application the following:

1. Two letters of recommendation from previous or current customers in Cook County certifying the applicant's good moral character and business responsibility or, in lieu of such letters, such other evidence as may be required by the city of satisfy this requirement.
2. Copies of all advertising proposed to be used in connection with the applicant's business.
3. A letter from the company authorizing the applicant to act as its representative.
4. A photograph of the applicant which shall have been taken within 60 days prior to the date of filing of the application. The photo must show the head and shoulders of the applicant in a clear and distinguishing manner.

I, _____, the applicant, state that I have read and completed this application to the best of my ability, and it is true and accurate to the best of my knowledge.

Signature of Applicant