



**APPLICATION FOR CERTIFICATE OF REGISTRATION
FOR
SOLICITATION / CANVASSING IN THE VILLAGE OR WAYNE
(Ord 03-12, 7-1-2003)**

The applicant shall truthfully state in full the information requested in this application. Please read carefully.
PRINT ALL ANSWERS AND ANSWER ALL QUESTIONS COMPLETELY!

1. NAME _____
Last First Middle
2. ADDRESS _____
Number Street City/State/Zip
3. PHONE NUMBER AND EMAIL ADDRESS _____
4. NUMBER OF YEARS / MONTHS AT THIS ADDRESS _____
5. DRIVER'S LICENSE NUMBER AND STATE OF ISSUE _____
6. AGE OF APPLICANT _____ DATE OF BIRTH _____ WEIGHT _____ HEIGHT _____
HAIR COLOR _____ EYE COLOR _____
7. VEHICLE YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____
LICENSE # _____ LICENSE STATE: _____
8. PREVIOUS ADDRESS IF LESS THAN THREE YEARS AT THE PRESENT ADDRESS

9. NAME, ADDRESS, PHONE # OF FIRM, CORPORATION, OR ORGANIZATION YOU REPRESENT

10. LENGTH OF TIME WITH FIRM _____
11. NAME OF IMMEDIATE SUPERVISOR _____ TITLE _____
12. TELEPHONE NUMBER AND EMAIL OF SUPERVISOR _____
13. DESCRIPTION SUFFICIENT FOR IDENTIFICATION OF THE SUBJECT MATTER OF THE SOLICITING
IN WHICH YOU WISH TO ENGAGE

14. PERIOD OF TIME FOR WHICH THE CERTIFICATE IS APPLIED (45 days max):
STARTING DATE _____ TERMINATION DATE _____
15. THE DATE, OR APPROXIMATE DATE OF THE LATEST PREVIOUS APPLICATION FOR A SOLICITATION / CANVASSING CERTIFICATE IN THE VILLAGE OF WAYNE, IF ANY _____
16. HAS THE APPLICANT EVER BEEN CONVICTED OF A VIOLATION OF THE PROVISIONS OF THE VILLAGE OF WAYNE'S SOLICITATION / CANVASSING ORDINANCE OR OF ANY OTHER ILLINOIS MUNICIPALITY REGULATING SOLICITING? ☐ YES ☐ NO IF YES, EXPLAIN _____
17. HAS THE APPLICANT EVER BEEN CONVICTED OF THE COMMISSION OF ANY CRIMINAL CHARGE OTHER THAN MINOR TRAFFIC OFFENSES IN LAST 5 YEARS? ☐ YES ☐ NO
IF YES, EXPLAIN: _____

ALL STATEMENTS MADE BY THE APPLICANT UPON THIS APPLICATION OR IN CONNECTION THEREWITH SHALL BE UNDER OATH. **I (WE) UNDERSTAND HOURS OF SOLICITATION ARE BETWEEN THE HOURS OF 10 AM TO 9 PM**

I (WE) SWEAR (OR AFFIRM) THAT I (WE) WILL NOT VIOLATE ANY PART OF ORD 03-12, 7-1-2003, OF THE VILLAGE OF WAYNE, AND THAT I (WE) ARE WILLING TO COMPLY WITH OTHER REASONABLE RULES AND REGULATIONS CONCERNING SAID ORDINANCE.

I (WE) SWEAR THAT ALL OF THE FOREGOING STATEMENTS HAVE BEEN ANSWERED TRUTHFULLY, AND TO THE BEST OF MY (OUR) KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

**Submit COMPLETED applications to the following email address
PDAdmin@villageofwayne.org or in person at the Wayne Police Department –
31W680 Army Trail Road Wayne, IL 60184 (630) 584-3031**

****No soliciting is permitted until an approved permit is in hand****

Office Use Only

BACKGROUND CHECK COMPLETED ☐

\$ 75.00 FEE PAID ☐ CASH / CARD

☐ CERTF. CHECK

☐ MONEY ORDER

CERTIFICATE OF REGISTRATION ISSUED? ☐ YES ☐ NO

IF ISSUED, NUMBER OF CERTIFICATE _____

IF NO CERTIFICATE ISSUED, REASON WHY _____

DATE CERTIFICATION ISSUED _____ CERTIFICATE EXPIRES _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20 _____ AD _____

Issued By

Notary Public

Notary Stamp

Police Representative