



# SOLICITOR REGISTRATION APPLICATION

(Not-for-Profit Organizations Only)

Application date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PRIMARY APPLICANT

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Marital Status:  Single  Married

Driver's License Number: \_\_\_\_\_ DL State: \_\_\_\_

Male  Female Race \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_ Eyes \_\_\_\_ Hair \_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Current residence address: \_\_\_\_\_ Apt/Unit \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Previous residence address: \_\_\_\_\_ Apt/Unit \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Have you ever been convicted of a felony in this or any other State?  Yes  No

Have you ever been convicted of a violation of the solicitation ordinance of this or any municipality?  Yes  No

## NOT-FOR-PROFIT ORGANIZATION

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_ Unit \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Website: \_\_\_\_\_

What is your relationship to this organization? \_\_\_\_\_

Have you registered to solicit in Winthrop Harbor for this not-for-profit organization in the past?

Yes  No (If Yes, provide the date of the last registration: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Enter the date(s) you intend to solicit in Winthrop Harbor under this registration:

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (maximum of 30 days)

Will other people be soliciting for this not-for-profit organization under this Registration?

Yes  No (If yes, list each person below)

Last Name	First Name	Middle Initial	Date of Birth	Gender
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F

List any additional people on a separate sheet of paper and attach to this application.

Enter the location(s) you intend to solicit in Winthrop Harbor: \_\_\_\_\_

Describe the subject matter of your solicitation: \_\_\_\_\_

### VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License # \_\_\_\_\_ License State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License # \_\_\_\_\_ License State: \_\_\_\_\_

List any additional vehicles on a separate sheet of paper and attach to this application.

### REQUIRED DOCUMENTATION

1. Copy of Driver's License or State ID Card (for primary applicant only)
2. Two copies of a recent photo, full-face, no smaller than 1" x 1 1/2" (for primary applicant only)
3. Copy of document or credentials establishing relationship with the not-for-profit organization. (i.e. pay stub, ID card, letter on company letterhead, etc.)

### CERTIFICATION

As the primary applicant for this Solicitor Registration I certify that all information provided hereon is true and correct to the best of my knowledge. I further certify that I have been provided a copy of Winthrop Harbor Village Ordinance Chapter 117 and understand all provisions pertaining to Solicitation within the Village of Winthrop Harbor.

Primary Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

<b>VILLAGE CLERK'S OFFICE:</b> Date received: ___/___/___ by: _____
<b>REGISTRATION ISSUED - #R</b> ___ - _____ Issue date ___/___/___ Expiration date ___/___/___

Village of Winthrop Harbor – 830 Sheridan Road, Winthrop Harbor, IL 60096 – (847) 872-3846