



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: ___/___/___

<p>VILLAGE CLERK'S OFFICE: Date received: ___/___/___ by: _____</p> <p>REGISTRATION ISSUED - #R ___ - _____ Issue date ___/___/___ Expiration date ___/___/___</p>
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Village of Winthrop Harbor – 830 Sheridan Road, Winthrop Harbor, IL 60096 – (847) 872-3846