



OFFICE OF THE CITY CLERK  
**CITY OF LOVES PARK**

100 HEART BOULEVARD • LOVES PARK, ILLINOIS 61111 • 815 / 654-5034 • Fax: 815 / 654-8660

Robert J. Burden, MMC, *City Clerk*

**SOLICITATION LICENSE APPLICATION**

EACH SOLICITOR SHALL REGISTER INDIVIDUALLY AND BE SUBJECT TO A COMPLETE BACKGROUND CHECK. THE COST SHALL BE PAID BY APPLICANT AND IS NON-REFUNDABLE.

DATE \_\_\_\_\_

LICENSE IS GOOD FOR 1 YEAR FROM THE DATE OF APPROVAL

APPLICATION FEE \_\_\_\_\_ \$100.00

BACKGROUND CHECK FEE \_\_\_\_\_ \$35.00

APPLICANTS  
NAME

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date Of Birth Sex Height Weight

\_\_\_\_\_  
Phone Number

NAME, ADDRESS, AND PHONE NUMBER OF PERSON, FIRM, CORPORATION,  
ASSOCIATION OR ORGANIZATION THAT THE APPLICANT IS EMPLOYED BY OR  
REPRESENTS

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

*"The City with a Heart"*



LENGTH OF TIME OF SUCH EMPLOYMENT OR REPRESENTATION \_\_\_\_\_

NATURE OF PRODUCTS OR SERVICES FOR WHICH SOLICITATIONS ARE BEING MADE

\_\_\_\_\_  
\_\_\_\_\_

NAMES OF THE MANUFACTURER OF SUCH PRODUCTS

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY CLERK'S OFFICE – AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

Copy of driver's license,  
State identification card or a similar  
form of government issued identification \_\_\_\_\_

Evidence that the applicant is authorized  
to solicit for the organization represented \_\_\_\_\_