

**CITY OF HARVARD
PEDDLARS & SOLICITORS LICENSE APPLICATION**

License Fee \$575 Plus Daily Fees Outlined in Section 22.11 of the Harvard Municipal Code

An application for a peddler's or solicitor's license shall be made by each individual relating to the peddling or soliciting activities including, but not limited to, the person(s) who will be peddling or soliciting, the person(s) in charge of the peddler(s) or solicitor(s), and, if different, the business.

Name _____
Address _____

Telephone # _____
Primary e-mail _____
Length of time at address _____

Business
Name _____
Address _____

Telephone # _____
Primary e-mail _____
Length of time at address _____

If less than 2 years at above address, list previous residence/business address

Applicant Information:

Date of Birth _____ Social Security # _____

Driver's License # _____ or State Issued ID Card # _____

Height _____ Weight _____ Color Eyes _____ Color Hair _____ Gender Male Female

List following information for vehicle to be used in the course of peddling or soliciting:

Make/Model _____ VIN # _____ License Plate # _____

Name and address of person, firm, corporation or association whom applicant is employed by or represents and length of time in employment.

Name _____

Address _____

Length of Time Employed _____

Illinois Sales Tax # _____

If different, list name and address of employers during previous two years.

Name _____

Address _____

Name _____

Address _____

Length of Time Employed _____

Length of Time Employed _____

Description of goods and services:	
Description of the area or areas of the City in which peddling or soliciting activities will take place:	
Period of time for which license is applied. Pursuant to Section 22.07, No license shall be issued for a period in excess of thirty (30) days:	
Have you previously submitted an application to the City for a similar license? If yes, when and disposition of same:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a previous Peddlers and Solicitors License issued by the City or any jurisdiction ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any provision of the City's Peddlers and Solicitors Ordinance or any statute or ordinance of any jurisdiction regulating peddlers and solicitors? If yes, date and place of conviction:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or any crime involving moral turpitude under the laws of any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct. They are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Harvard to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the City of Harvard, the United States of America, or the State of Illinois, in particular Chapter 22, Peddlers and Solicitors, of the City of Harvard Municipal Code Book. I have never been convicted of a felony and am not disqualified to receive a license by reason of any matter or thing contained in Section 22, Peddlers and Solicitors, the laws of the state or the ordinances of the City. I hereby authorize the City of Harvard to conduct a background check.

Further, I agree to notify the City of Harvard within 30 working days of changes in any of the above information.

Signature of Applicant

HARVARD POICE DEPARTMENT

**Fingerprint Submission Consent and Notification Form
(Used for all Licensing and Employment Screening)**

The authorized agency (Harvard Police Department) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

Agency Information

Requesting Agency Name: Harvard Police Department	Requesting Agency ORI Identifier: ILL13980S
Requesting Agency Address: 201 West Front Street, Harvard, Illinois 60033	
Fiscal Cost Center: (for entity responsible for paying ISP) 1300	Purpose Code: LGE / LIC

Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN:	DL/State ID/Passport # :		DL/ID State:

Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Company Name: N/A	Address: N/A	
Phone Number: N/A	Appointment Date & Time: N/A	IL Vendor License Number: N/A

Privacy Statement

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and or Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Consent

Applicant Name (printed):	Date:
Applicant Name (signature):	Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.