



Bradley Police Department

147 S. Michigan Ave
Bradley, IL 60915

www.bradleypolice.com

Tele: (815) 933-3315
Fax: (815) 933-6355



Procedure for Commercial Solicitors Permit

1. Complete the solicitor's application form.
2. Provide a driver's license, state identification card or other photo identification.
3. Complete and sign the background Check Authorization form.
4. Submit in the form of personal check, money order, or cashier's check a fee of \$39.25 per solicitor, payable to the Illinois State Police.
5. If applicable, provide copies of:
 - Proof of insurance
 - Illinois Department of Revenue certificate
 - State of Illinois tax number
6. Have fingerprints and photo taken for each solicitor. (All information must be completed on the fingerprint submission card).

All items must be received by the Records Department of the police department before a review of the application can commence.

A Commercial Solicitor's License will be issued after all documentation has been submitted and approved by the Chief of Police or his designee. Applicants should allow 21 days for the review process.

A Commercial Solicitor's License is valid from 9:00 am to 5:00 pm, Monday-Saturday and is valid for one (1) year from date of issue.

- ** A Commercial Solicitor's License may be revoked by the Chief of Police if:
- Information is returned from the Illinois State Police which was not present during the cursory background check.
 - Lack of compliance for hours of solicitation; or
 - Complaints from the public regarding the solicitor's actions during sales.

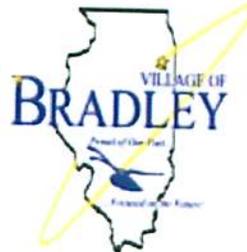


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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Bradley Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Village of Bradley. I also certify that any person(s) who may furnish information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Village of Bradley from any and all liability that may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and full understand the contents of this
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Legal Name (Last)	First	Middle	/ /	Date of Birth
Address: Street	City	State	Zip	() Phone
Social Security Number	Drivers License Number	State		
Applicant's Signature (Use Full Legal Name)			/ /	Date
Witness Signature			/ /	Date



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DATE: _____

COMPANY INFORMATION

NAME: _____

ADDRESS: _____

_____ CITY STATE ZIP

TELEPHONE: () _____ EXT: _____

OWNER: _____

PRODUCTS OR SERVICES OFFERED: _____

SOLICITOR'S INFORMATION

NAME: _____
LAST FIRST MI

ADDRESS: _____
_____ CITY STATE ZIP

PHONE: () _____

DATE OF BIRTH: ____ / ____ / ____ DRIVER'S LICENSE STATE _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

SIGNATURE: _____

<p>OFFICE USE ONLY: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p>HISTORY DONE BY: _____</p> <p>AMOUNT DUE: _____</p> <p>AMOUNT PAID: _____</p> <p>RECEIVED BY: _____</p>	<p>ID TAKEN BY: _____ DATE: _____</p> <p>FINGER PRINTED BY: _____</p> <p>DATE: _____</p> <p>ID RECEIVED BY: _____</p> <p>DATE: _____</p>
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