



COMMUNITY AND ECONOMIC DEVELOPMENT

1420 Miner Street
Des Plaines, IL 60016
P: 847.391.5366
desplainesil.gov

CHECKLIST FOR A SOLICITOR LICENSE

ALL APPLICANTS MUST REMIT THE FOLLOWING DOCUMENTS FOR PROCESSING

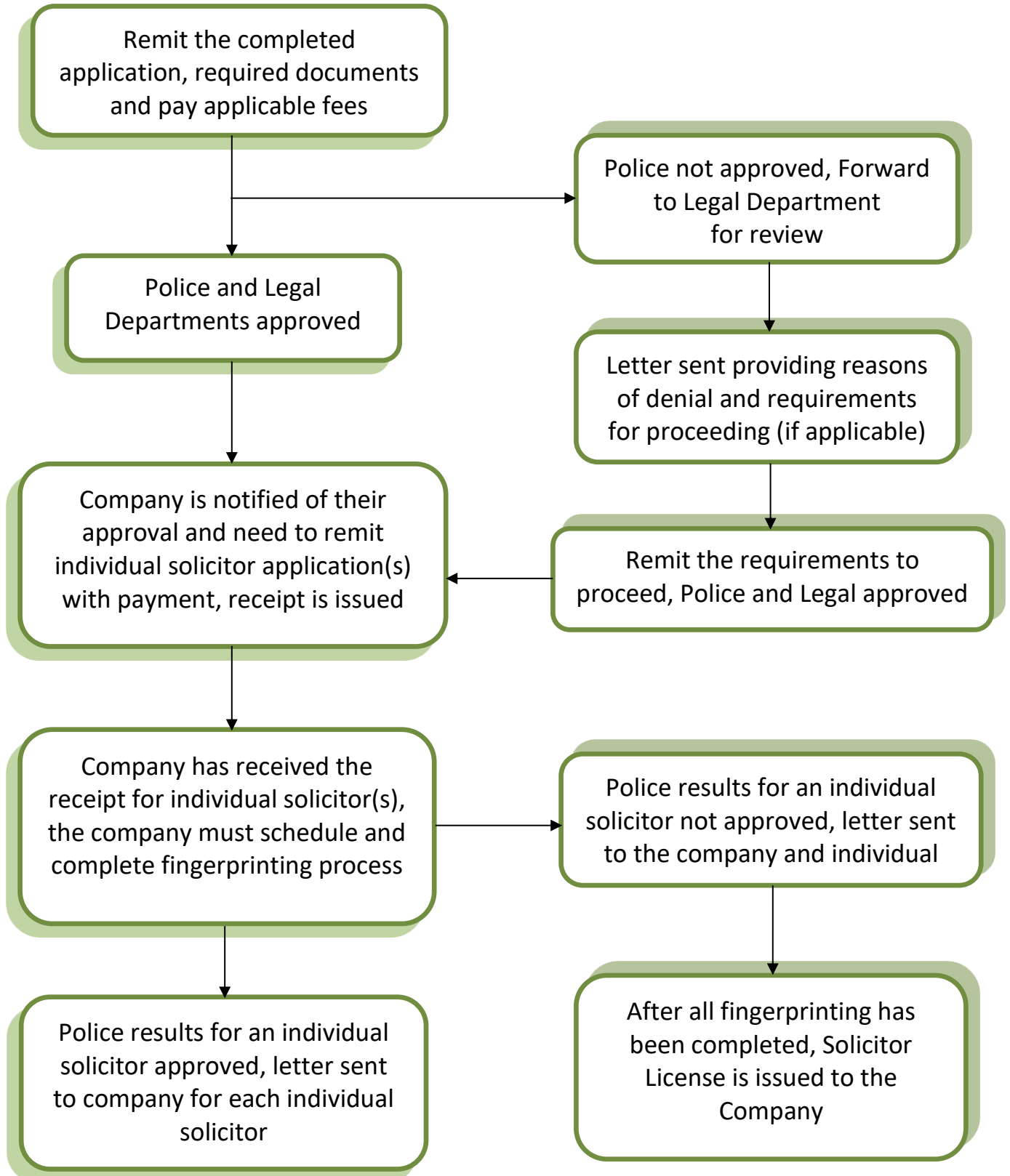
- Completed application for the Solicitor License
- Completed Hold Harmless Agreement (must be signed in witness of a Notary Public)
- Copy of the Good Standing Certificate issued by the IL Secretary of State (for LLC, LLP and Corporations)
- Copy of the Assumed Name Certificate issued by the County Clerk (for sole proprietors)
- Copy of Current Driver's License/ State ID for the owner applicant listed on the application
- \$2,500.00 License Surety Bond (if applicable)
- Payment of \$100.00 (license will be valid for 60 days)

DEPARTMENT PHONE NUMBERS FOR FURTHER QUESTIONS OR CONCERNS

- Police Department / 847-391-5400
For information on scheduling for fingerprinting. **Must have a receipt of payment issued by the Licensing Division prior to scheduling of appointments.**
- Licensing Division / 847-391-5366
For information on registration requirements, licensing requirements and status of an application

THIS IS A TWO-STEP PROCESS. THE COMPANY MUST BE APPROVED PRIOR TO REMITTING AND PROCESSING THE INDIVIDUAL SOLICITOR REQUESTS.

PROCESS FOR A SOLICITOR LICENSE





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APPLICATION FOR THE SOLICITOR LICENSE

SOLICITING COMPANY INFORMATION

Name: Phone #:
Address: FEIN #:
City: State: Zip:
Representative: Title:
Driver's License #: Email:

REPRESENTING COMPANY INFORMATION

Name: Phone #:
Address: FEIN #:
City: State: Zip:

DESCRIPTION OF THE SOLICITATION

Explain in detail the good, services, donations, funds, or information to be provided, solicited and/or sold.

Requested dates for solicitation (license valid for 60 days):

If your individual solicitor(s) will be requiring cash deposits, taking orders for cash on delivery purchases, or a contract of agreement for the sale of any goods and/or services to be performed in the future, a license surety bond in the amount of \$2,500 will be required with your remittance.

Based on the above, will a bond be required? YES NO Verified By: Initials of Representative

ATTESTATION

I certify that I and any individual soliciting for the company/organization within the City of Des Plaines have never been convicted of, plead guilty to, been found guilty of a felony or any offense involving bodily harm, fraud, theft, deceptive practices in a court of law or administrative tribunal.

I certify that I and any individual soliciting for the company/organization will abide by the rules for solicitation provided to me and will conduct themselves in a professional and respectful manner at all times during solicitation. Improprieties of solicitation will result in an immediate suspension of the Solicitor License, incarceration and/or additional legal action taken by the City of Des Plaines.

I certify the above information is true and accurate to the best of my knowledge. I further understand that any false statement or omission of information may be cause for suspension, revocation or denial of the license.

Signature: Date:
Signature of the owner/representative listed above on the application

RELEASE AND HOLD HARMLESS AGREEMENT FOR THE SOLICITOR LICENSE

(must be signed in witness of a Notary Public)

_____ (organization/company) recognizes and acknowledges that there are certain risks associated with soliciting door to door within the City of Des Plaines. By signing the license application, _____ (organization/company) does hereby agree to assume complete risk of any injuries, damage, or loss regardless of the type or severity, which anyone employed or used as a volunteer by _____ (organization/company) may sustain as a result of soliciting activities on public property in the City of Des Plaines.

_____ (organization/company) does hereby fully release and discharge the City of Des Plaines, its officers, agents and employees from any and all claims for injury, damage, or loss sustained by any of its employees or volunteers connected to soliciting activities on public property in the City of Des Plaines.

_____ (organization/company) agrees to indemnify and hold harmless and defend the City of Des Plaines, its officers, agents and employees from any and all claims, including attorney's fees, resulting from injury, damage or loss sustained by any of its employees or volunteers, or caused by them, and arising out of, or in any way connected or associated with, soliciting activities on public property in the City of Des Plaines.

I, _____ (representative) state that I am an authorized representative of _____ (organization/company) with the authority to execute this agreement. I have read and fully understand the above release and hold harmless agreement, and execute it on behalf of, and as the duly authorized representative of _____ (organization/company).

Signature of Representative

Print Name

Organization/Company

Address

City/State/Zip

Phone #

SUBSCRIBED and SWORN to before me this
____ day of _____, 20 ____.

NOTARY PUBLIC
(STAMP SEAL BELOW)



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CHECKLIST FOR THE INDIVIDUAL SOLICITOR

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- Completed application with checklist attached
- Copy of valid Driver's License/State ID
- Copy of Identification Badge (must include picture, name and organization/company name)
- Affidavit attesting to the regulations of solicitation (must be signed in witness of a Notary Public)
- \$50.00 Fingerprinting Fee
(All individual solicitor applicants must be fingerprinted by the Des Plaines Police Department)

REGULATIONS FOR THE FINGERPRINTING PROCESS

- The Individual Solicitor Registration cannot be remitted until the Company/Organization has remitted the application for a Solicitor License and has received the approval letter from the Licensing Division.
- "Walk in Basis" at the Des Plaines Police Department for fingerprinting is prohibited.
- A receipt for payment and a copy of the remittance for an Individual Solicitor Registration must be obtained **prior to** the scheduling of a fingerprinting appointment.
- The individual must present the receipt for payment and a copy of the remittance to the officer at the fingerprinting appointment. Failure to do so will result in forfeiture of the appointment.

DEPARTMENT PHONE NUMBERS FOR FURTHER QUESTIONS OR CONCERNS

- Legal Department / 847-391-5303
For information on the municipal ordinance pertaining to solicitation
- Police Department / 847-391-5400
For information on scheduling for fingerprinting. **Must have a receipt of payment issued by the Licensing Division prior to scheduling of appointments.**
- Licensing Division / 847-391-5366
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INDIVIDUAL SOLICITOR REGISTRATION

INFORMATION OF THE INDIVIDUAL SOLICITOR

Name: _____ Phone #: _____
Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Driver's License #: _____ Email: _____

REPRESENTING COMPANY INFORMATION

Name: _____ Phone #: _____
Manager: _____ Email: _____

SOLICITING COMPANY INFORMATION

Name: _____ Phone #: _____
Address: _____ FEIN: _____
City: _____ State: _____ Zip: _____
Manager: _____ Email: _____

ATTESTATION

I certify that I have never been convicted of, plead guilty to, been found guilty of a felony or any offense involving bodily harm, fraud, theft, deceptive practices in a court of law or administrative tribunal.

I have read and will abide by the rules for solicitation and will conduct myself in a professional and respectful manner at all times during solicitation. Improprieties of solicitation will result in an immediate suspension of the Solicitor License, incarceration and/or additional legal action taken by the City of Des Plaines.

I certify the above information is true and accurate to the best of my knowledge. I further understand that any false statement or omission of information may be cause for suspension, revocation or denial of the Certificate.

Signature: _____ Date: _____

Must be signature of the individual listed above on the application

