

CITY OF HIGHLAND

1115 Broadway, P. O. Box 218
Highland, IL 62249
(618) 654-9891
(618) 654-4768 (FAX)

APPLICATION FOR CANVASSERS/SOLICITORS PERMIT

Organization/Company _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Method of Operation: _____

Product or Service: _____

Registered with Illinois Department of Revenue: Yes No

Applicant's Name: _____ Date of Birth: _____
(first) (middle) (last) (month/day/year)

Address: _____ City: _____ State: _____

Phone: () _____ Zip Code: _____

Vehicle: Color: _____ Year: _____ Make: _____

Model: _____ License #: _____ State: _____

Requesting Authorization to Canvass or Solicit from _____ to _____ (maximum: 12 months)

I understand that the application shall be held by the City of Highland for a period of ten (10) working days from the date of application. I understand that I cannot solicit or canvass in the City of Highland until this application is approved.

Date: _____

SIGNATURE OF APPLICANT

(If used by more than one applicant, please complete reverse side)

For Office Use Only:	
Police Department Check Completed: _____	(date) _____
Accepted: _____	Rejected: _____
_____ City Manager	

**CANVASSERS/SOLICITORS PERMIT APPLICATION
ADDITIONAL PERSONS**

NAME OF INDIVIDUAL: _____ Date of Birth: _____
(first) (middle) (last) (month, day, year)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: () _____

Vehicle: Color: _____ Year: _____ Make: _____

Model: _____ License # _____ State: _____

NAME OF INDIVIDUAL: _____ Date of Birth: _____
(first) (middle) (last) (month, day, year)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: () _____

Vehicle: Color: _____ Year: _____ Make: _____

Model: _____ License # _____ State: _____

NAME OF INDIVIDUAL: _____ Date of Birth: _____
(first) (middle) (last) (month, day, year)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: () _____

Vehicle: Color: _____ Year: _____ Make: _____

Model: _____ License # _____ State: _____

NAME OF INDIVIDUAL: _____ Date of Birth: _____
(first) (middle) (last) (month, day, year)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: () _____

Vehicle: Color: _____ Year: _____ Make: _____

Model: _____ License # _____ State: _____

If space for additional applicants is required, please attach additional sheet containing information as requested above.