

Village of Bradley
Commercial Solicitor
Please PRINT or



License
TYPE



Business Name

Primary Business Location

City/State/Zip

Business Contact

Phone Number

Email

Nature of Business

Illinois Sales Tax Number

Solicitor Information (Attach Additional Paper as Needed)

1st Solicitor Name

Phone Number

2nd Solicitor Name

Phone Number

3rd Solicitor Name

Phone Number

Emergency Contact Information

Responsible Party Contact

Phone Number

Email

Information Submitted By

Phone Number

Email



Date: _____ Time: _____

Village of Bradley

Checklist for **Solicitor Permit**

Fingerprint/ Background Live Scan

ORI#IL0460100 (Illinois Fee Application)

Applicant Name _____

____ Authorization for Release of Personal Information

____ Fee is \$52.00 make Checks payable to the Village of Bradley

(\$27.00- Illinois State Police GL#10-00-00-2014 & \$25.00 Livescan Fingerprint Fee GL#10-45-00-4230)

____ Print 2 receipts (1 Applicant,1 File)

____ Copies of Driver's License

Print Card _____ Date _____ Time _____

Incident Number _____

Officer Signature

Date

Time



BRADLEY POLICE DEPARTMENT

147 South Michigan Avenue, Bradley, Illinois 60915

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: _____ DOB: _____

ADDRESS: _____
City State Zip

POB: _____ PHONE: () _____

DLN#: _____ STATE: _____ SSN: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____