



Village of Beach Park  
 11270 W. Wadsworth Rd.  
 Beach Park, IL 60099  
 847/746-1770

Lake County Sheriff's Dept.  
 Sheriff John Idleburg.  
 25 S. Martin Luther King Ave.  
 Waukegan, IL 60085  
 847/377-4000

**Application for Certificate of Registration – Solicitor  
 Village of Beach Park**

<b>Fees:</b> <ul style="list-style-type: none"> <li>• \$25.00 – First week and</li> <li>• \$5.00 every day after the first week</li> </ul>	Applicant shall also submit a 2 X 2 photograph or the Village may choose to take their own picture for ID. The certificate of registration shall state the expiration date thereof which shall be not more than three (3) months from date of issuance.
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Applicant's Full Name:		
Address:		
Previous Address:		
Phone No.:		Social Security No.:
Age:	Birthday: (MM/DD/YYYY)	
Marital Status : Married    Single (Circle)	Full Name of Spouse:	
<b>Description of the Vehicle(s) being used:</b>		
Make/ Model:		
Color:	Year:	License Plate No.:
State:	Driver's License No. & State of Issue:	
Have you previously been approved or denied as a solicitor by the Village? If yes, approved or denied? And when? (Date or approximate date)		Yes      No
Have you been convicted of a violation to the solicitor ordinance of this or any other municipality?		
Have you been convicted of a felony under the law of this or any state or the federal government? (If yes, explain)		
<p><i>The application shall be denied if he has been convicted of a felony, or a misdemeanor which involves lack of moral character, honesty, or integrity, or if he has, at any time, violated the provisions of this Chapter or any similar ordinance of the Village of Beach Park or any county or municipality, or if a certificate of registration or other permit to solicit, peddle, or canvass has been revoked by the Village or any other governmental agency or body. The application shall also be denied if the purpose of the solicitation, peddling, or canvassing is otherwise illegal.</i></p>		

Have you ever been arrested?    Yes    No <i>(Circle)</i>		If yes, when, where, and for what:
<b>References: Personal</b> <i>(At least two references located in Illinois)</i>		
Name:		Relations to you:
Address:		Phone:
Name:		Relations to you:
Address:		Phone:
<b>Employment Reference:</b>		
Name:		
Address:		Phone:
Years of Service: <i>(If less than three (3) years; names, addresses &amp; phones numbers of each employer for the past three (3) years must be provided on this form.)</i>		
<b>Description of Business:</b>		
Where will the business take place?		
Hours:		
<i>It is here by declared to be unlawful to rap or knock upon door or create any sound in any other manner calculated to attract the attention of the occupant of such residence for the purpose of soliciting.</i>		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Village Official)



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## AUTHORIZATION FOR BACKGROUND CHECKS

I instruct and authorize the Village of Beach Park (“The Company”) to obtain a consumer report(s) (or background check report(s)) on me, including any investigative consumer reports and any consumer credit reports.\* I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will conduct the background check and prepare the background check report for the Company. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933, or at [www.adpselect.com](http://www.adpselect.com).

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background check reports, including investigative consumer reports and any consumer credit reports\* (1) during my employment or time as a volunteer or independent contractor, as applicable, and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background check report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history\*; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker’s compensation injuries; and verification of prior employment and education.

**\*I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.**

**By signing below, I understand that I am agreeing to the terms contained in this document.**

Please print your full legal name:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Today’s Date (Month/Day/Year)



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## **BACKGROUND CHECK INFORMATION**

Please print:

Date:		
Name of Applicant (Last, First, Middle):		
For Identification Purposes Only: Birthday:		
SSN:		
Street Address:		
City:	State:	Zip:
E-Mail:		
Home phone:	Cell phone:	

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

### Addresses Within the Past Ten Years (use a separate sheet as needed)

Street Address:		
City:	State:	Zip:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Street Address:		
City:	State:	Zip:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

All results will be kept confidential within the secure ADP portal.