

VILLAGE OF LYONS SOLICITATION PERMIT

Mayor Christopher Getty 4200 S. Lawndale Avenue Lyons, IL 60534

Phone: 708-442-4500 Fax: 708-442-4432

Date of Application:					
Organization/BusinessNa	ıme:				
Organization/Business A	ddress:	City, State, Zip:			
Applicant Name:					
Phone:	Cell:	Email:			
Date/Time for Solicitatio	n:				
	d date this form below. Please Note: Incomplete application	complete the additional informations will not be considered.	needed on the second and		
Applicant Signature		Print Name	Date		
Liability insurance		with application: \$5000,000 per person, \$1,000,000 pe	er occurrence, and \$500,000		
for property dam. • Evidence of tax-6	age exempt status for non-profit or	religious organizations			
 Evidence of an Illinois Retail Tax Identification Number is required for profit organizations 					

The following guidelines apply to solicitors in the Village of Lyons:

- Solicitors must obtain a Solicitation Permit from the Village Clerk before beginning solicitation activities
- Permits are valid for up to 30 days
- Residential solicitation hours are from 10:00 a.m. to 6:00 p.m.
- Solicitors must obey notices of "No Solicitors"
- The Permit issued by the Village Clerk must be displayed by the solicitor

Fees: All fees must be submitted at time of application

Commercial Solicitation Permit \$250.00 (Only Organization/Business checks accepted)

Non-Profit Permit \$No fee with proof of Non-Profit status

Please return completed application, associated paperwork, and permit fee (if applicable) to:

Dawn Campos, Village Clerk

4200 Lawndale Avenue Lyons, IL 60534

		Administrative Use Only	
Approved: Yes No	Approved By:		Date Approved:
Permit Fee: \$250.00	Paid: Yes No	Receipt Number:	
Permit Issued Date:		Permit Expiration Date:	



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Permitted Solicitors

Solicitor Information			
Name:			
			Zip:
Phone:		Email:	
DOB:	Driver License #:		ID Issued: Yes No
Solicitor Information			
Name:			
Address:		City, State, Z	Zip:
Phone:		Email:	
DOB:	Driver License #:		ID Issued: Yes No
Solicitor Information			
Name:			
Address:		City, State, Z	Zip:
Phone:		Email:	
DOB:	Driver License #:		ID Issued: Yes No
Solicitor Information			
Name:			
Address:		City, State, 2	Zip:
Phone:		Email:	
DOB:	Driver License #:		ID Issued: Yes No
Solicitor Information			
Name:			
Address:		City, State, Z	Zip:
Phone:		Email:	
DOB:	Driver License #:		ID Issued: Yes No
Solicitor Information			
Name:			
Address:		City, State, 2	Zip:
Phone:		Email:	
DOB:	Driver License #:		ID Issued: Yes No



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Vehicle Information

Vehicle 1			
Year:	Make:	Model:	Color:
Plate Number:			
State of Plate:	Plate Type:		
Vehicle 2			
Year:	Make:	Model:	Color:
Plate Number:			
State of Plate:	Plate Type:		
Vehicle 3			
Year:	Make:	Model:	Color:
Plate Number:			
State of Plate:	Plate Type:		
Vehicle 4			
Year:	Make:	Model:	Color:
Plate Number:			
State of Plate:	Plate Type:		
Vehicle 5			
Year:	Make:	Model:	Color:
Plate Number:			
State of Plate:	Plate Type:		
Vehicle 6			
Year:	Make:	Model:	Color:
Plate Number:			
State of Plate:	Plate Type:		