

Lyons Police Department
4200 Lawndale Avenue • Lyons, IL 60534
(708) 447-1225 • http://www.villageoflyons-il.net

SOLICITATION PERMIT				
Date of Application:				
Organization/Applicant Name:				
Organization/Applicant Address:				
City, State, Zip Code				
Telephone: () E-mail:				
Date/Time for Solicitation: Solicitation Area:				
Applicant please sign and date this form below. Please complete the ad second page of this form if applicable to your solicitation process.				
Applicant Signature	Date			
The following guidelines apply to solicitors in the Village of Lyons:				
• Solicitors must obtain a solicitation permit from the Police Department before beginning solicitation activities.				
Permits are valid for up to 30 days.				
• Residential solicitation hours are from 10 AM to 7 PM.				
Solicitors must obey notices of "No Solicitors". The Description of the Description				
• The Permit issued by the Police Department must be displayed by the solicitor.				
Proof of the following must be submitted with this application:				
• Liability insurance with values of no less than \$500,000 per person, \$1,000,000 per occurrence, and \$500,000 for property damage.				
• Evidence of tax-exempt status for non-profit or religious organizations.				
• Evidence of an Illinois retail tax identification number is required for profit organizations.				
Please return the completed, associated paperwork, and the permit fee (if required) to:				
Lyons Police Deparment Attn: Commander Neil Sexton 7801 West Ogden Avenue Lyons, IL 60534				
es: Commercial Solicitation Permit – \$250.00 Non-Profit Permit – No Fee with Proof of Non-Profit Status				
Administrative Use Only				
Approved: Yes / No Approved By:	Date Approved:			
Permit Fee (\$250) Paid: Yes / No Date Paid: Receipt Number:				
Date Permit Issued: Date Permit Expires:				

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	Solici	TATION PERMIT – VE	HICLE INFORMA	ATION
Vehicle 1	State of Plate:	Plate Number:		Plate Type:
Year:	Make:	Model:	Color:	Style:
Vehicle 2	State of Plate:	Plate Number:		Plate Type:
Year:	Make:	Model:	Color:	Style:
Vehicle 3	State of Plate:	Plate Number:		Plate Type:
Year:	Make:	Model:	Color:	Style:
	Solici	TATION PERMIT – PEI	RMITTED SOLIC	ITORS
Solicitor In	formation Name:			
Address: _			City, State, Zip:	
Telephone:	()	Date of Birth:		Drivers License
ID Issued:	Yes / No			
Solicitor In	formation Name:			
Address:			City, State, Zip:	
				Drivers License
ID Issued:	Yes / No			
Solicitor In	formation Name:			
Address:			City, State, Zip:	
Telephone:	()	Date of Birth:		Drivers License
ID Issued:	Yes / No			
Solicitor In	formation Name:			
Address: _			City, State, Zip:	
Telephone:	()	Date of Birth:		Drivers License
ID Issued:	Yes / No			
Solicitor In	formation Name:			
Address:			City, State, Zip:	
Telephone:	()	Date of Birth:		Drivers License
ID Issued:	Yes / No			

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