

**VILLAGE OF MAZON**  
**(815) 448-2206 FAX (815) 448-2098**  
**APPLICATION PERMIT FOR SOLICITATION**  
**AS REQUIRED BY ORDINANCE 1982-5**

DATE OF APPLICATION: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

ITEMS TO BE SOLICITATED \_\_\_\_\_

APPLICANT'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**ADDITIONAL SOLICITORS:**

**FULL NAME, DATE OF BIRTH AND ADDRESS:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

MODEL AND LICENSE PLATE NUMBER OF THE VEHICLES TO BE USED:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**SOLICITATION HOURS:** 9:00 A.M. TO 5:00 P.M. MONDAY THRU SATURDAY

**SOLICITATION FEES:** \$10.00 PER SOLICITATOR FOR A 12 DAY PERMIT  
12-DAY PERMIT EXPIRES AT 5:00 P.M. ON THE 12<sup>TH</sup> DAY AFTER ISSUANCE.

\$ 25.00 YEARLY PERMIT PER SOLICITATOR YEARLY  
PERMIT EXPIRES AT 5:00 P.M. 365 DAYS AFTER ISSUANCE OR ON APRIL 30<sup>TH</sup>  
WHICH EVER COMES FIRST.

PERIOD OF TIME BEING APPLIED FOR: 12-DAY \_\_\_ YEARLY \_\_\_

SPECIFIC DATES: \_\_\_\_\_

PERMIT # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ ISSUED BY: \_\_\_\_\_