



Village Of Capron  
115 S. 4<sup>th</sup> Street  
P.O. Box 314  
Capron, Illinois 61012  
Phone: (815) 569-2351  
Fax: (815) 569-2960  
Email: [villageofcapron@northboone.net](mailto:villageofcapron@northboone.net)

FEE: \$25/YEAR \$10/ONE TIME FEE

EXEMPT: Election Candidates  
(Must still have application on file)

Amount Paid: \_\_\_\_\_

## PEDDLERS/SOLICITORS APPLICATION

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Peddling/Soliciting: Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Individual \_\_\_\_\_  
Partnership \_\_\_\_\_ Organization/Association \_\_\_\_\_ Walking \_\_\_\_\_ Driving \_\_\_\_\_

Vehicle Description:

Year Make Model Color Plate No.  
Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Non-Profit No.: \_\_\_\_\_

Nature of product or service: \_\_\_\_\_

Dates that peddling or solicitation will take place: \_\_\_\_\_

Hours of peddling or solicitation: \_\_\_\_\_

Have you ever had any license issued by the Village of Capron or any other governmental entity related in any manner to the sale of goods revoked, suspended or denied? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give the reasons for said action:  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application I affirm that the information provided is accurate and that, if a license is granted, I will abide by all applicable ordinances, statues, regulations and laws.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_