



**APPLICATION FOR SOLICITATION LICENSE**

For business conducted by transient merchants, itinerant merchants, itinerant vendors, peddlers, canvassers, or ones of similar occupations as defined in Chapter 113, Title XI of the Municipal Code

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

**ATTACH COPY OF PHOTO IDENTIFICATION IF DRIVER'S LICENSE NOT PROVIDED AS BELOW**

Location of lodging \_\_\_\_\_

Employed By \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Dates of Solicitation Requested \_\_\_\_\_

Items or Description of Solicitation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proposed Surety (Bond/Insurance) \_\_\_\_\_

Type of Vehicle Used \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Vehicle Owner \_\_\_\_\_

Vehicle Plate Number \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**ATTACH COPY TO AVOID DELAY IN PROCESSING OF APPLICATION**

**SEE OTHER SIDE FOR COVID-19 COMPLIANCE STATEMENT AND SIGNATURE  
RELATING TO FOOD AND DRINK SERVICE PROVIDERS**

**ASSUMPTION OF RISK AND RELEASE AND WAIVER**

I, \_\_\_\_\_, personally and/or doing business as \_\_\_\_\_, hereby state and certify that I am aware of the **RESTORE ILLINOIS** phased plan and that I will comply with such regulations during the COVID-19 pandemic. This includes but is not limited to the following:

- Protect employees with facial coverings and providing adequate supply of soap/disinfectant/sanitizer and paper towels (with reinforcement of same).
- Display "internal" employee signage concerning social distancing and other guidelines.
- Encourage employees to stay home when sick.
- Develop a daily health and wellness plan that includes temperature verification and symptom screening.
- Create a plan for cleaning and sanitation of premises (weekly) and common areas and surfaces of high-traffic areas (every two hours).
- Develop procedures to monitor customer behaviors and when to ask if they are currently exhibiting COVID-19 symptoms before allowing entry or access.
- Provide "external" communication to customers/visitors with social distancing and other guidelines.

I expressly waive any claim that might arise against the City of Villa Grove for any injury or damages that I might sustain in the execution of this service, and further release the City of Villa Grove, its officials, agents and employees from and against any and all claims, suits or damages against the City that might arise as a result of my activities as set forth, including any claims of third parties against me arising out of, or in any way connected with, or in any way associated with my activities as set forth.

I also acknowledge that a permit to operate is required from the Douglas County Health Department for food safety and service and provide a copy of such hereto.

**I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms and sign it freely and voluntarily.**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

---

· FOR OFFICE USE ONLY ·

License Number \_\_\_\_\_

Issued By \_\_\_\_\_