CITY OF DANVILLE
17 W. Main St., Danville, IL 61832

City Clerk's Office, (217) 431-2304
cityclerk@cityofdanville.org

CONSENT SIGNATURE AUTHORIZATION

The following information must be completed for every person who will be in contact with the public eye for the purpose of selling goods, wares or merchandise, and/or soliciting business products or services door-to-door inside the corporate city limits of Danville. A PHOTO COPY OF YOUR STATE ISSUED DRIVER'S LICENSE/ID MUST BE ATTACHED WITH THIS CONSENT FORM.

Please Print Legibly or Type

Full Name:_____ _____ _____
Last Name *First Name* *M.*

Home Address:_____ _____ _____ _____
Street *City* *State* *Zip*

If you have resided at a different address other than above for the preceding year list that address below:

_____ _____ _____ _____
Street *City* *State* *Zip*

_____ _____ _____ _____

D.O.B:_____/_____/_____ **Place of Birth:**_____ **Phone #**_____

Driver's License/ID#_____ **State of Issuance:**_____

If you are staying at a local hotel or residence while conducting business in the City of Danville list the address:

_____

Have you ever been convicted of a criminal offense or ordinance violation (other than traffic & parking offenses) in any jurisdiction? _____ **Yes** _____ **No** **If yes, provide each offense/violation, date, and prosecuting jurisdiction below:**

_____

_____

CONSENT SIGNATURE AUTHORIZATION

I, _____, do hereby consent to allow the Danville Police Department to conduct a background
Print Name Here
investigation and further authorize the release of criminal history records, which may be relevant to my being considered for a solicitor in the City of Danville, IL.

_____ _____
Signature Date

Office Use Only

Police Department Approval:_____ Date:_____