

MAYOR
Keith Pekau

VILLAGE CLERK
Patrick O'Sullivan

15100 S. Ravinia Avenue
Orland Park, IL 60462
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www.OrlandPark.org



DEPARTMENT OF POLICE
Chief of Police Eric Rossi

TRUSTEES

William R. Healy
Cynthia Nelson Katsenes
Michael R. Milani
Sean Kampas
Brian J. Riordan
Joni J. Radaszewski

**Corporation Application for Door to Door solicitation in Orland Park
\$100.00 non-refundable application fee (make checks payable to the Village of Orland Park)**

1. Name of Company or Corporation that is requesting the door to door solicitation;

2. Business address and phone number;

3. Name of President/Owner of company, home address and telephone number, date of birth,
Drivers License Number and State of Issue;

APPLICATION ORLAND PARK POLICE DEPARTMENT

NAME (LAST) (FIRST) (Middle) (Email Address)

Address City State Home/Cell Phone#

Date of Birth Age Place of Birth Citizen/Naturalized Naturalization #
Yes No

Place and date of Naturalization

Driver's License Number State of Issue

4. Number of individuals to do soliciting; _____
(Maximum allowed is 10 individuals that will be required to submit to a background investigation)

5. Dates you wish to solicit; _____

6. Product that the solicitation will be identified with;

7. Prior locations of either approval or denial to solicit product;

Required Documentation

- a. Applicant needs to submit Articles of Incorporation with the Secretary of State of Illinois, and the organization needs to be in "Good Standing" with the Illinois Secretary of State, or state of registry at the time of application.
- b. A letter addressed to the Village Manager of Orland Park requesting permission to solicit, and identifying the purpose of the solicitation request.
- c. Proof of liability insurance that covers injuries or damage related to any act on the part of the solicitor at the time of application.

Charities additional required documentation

- d. Proof that the charity is registered and in compliance with the Illinois Attorney General's office at the time of application of application.
- e. Proof of association with a charity that conducts statewide fundraising at the time of application.

Return the application and all required documentation addressed to the Orland Park Police Department Criminal Investigations Division, attention **Solicitation Requests**.

If you have any questions please feel free to contact me.

Inspector Scott Malmberg
Orland Park Police Department
15100 S. Ravinia Ave
Orland Park, IL. 60462
708 364-4945
smalmborg@orlandpark.org

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION FOR USE BY
AUTHORIZED PERSONNEL OF THE ORLAND PARK POLICE DEPARTMENT**

I, _____, do hereby authorize a review and full disclosure of all records concerning myself and my corporation to a duly authorized agent of the Orland Park Police Department whether the said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of criminal arrest records, employment records, and the records and recollections of attorneys at law, or the counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my or my corporation's suitability to solicit door-to-door in the Village of Orland Park. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of the release of collection of such information.

I also understand this authorization to furnish information is executed in consideration of the processing of my application pending before the Village Manager of Orland Park.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Witness

Signature (include maiden name)

_____ Date: _____

Address: _____

Date of Birth: _____