



**CITY OF WEST FRANKFORT**  
110 NORTH JEFFERSON STREET  
WEST FRANKFORT, IL 62896  
Ph: 618-932-3262 • Fax: 618-937-2512  
cityclerk@westfrankfort-il.gov  
www.westfrankfort-il.gov



**PERMIT FOR SOLICITORS, PEDDLERS & ITINERANT MERCHANTS**

PERMIT FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

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

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

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

COLOR OF HAIR: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

LOCATION OF SALES: \_\_\_\_\_

IL TAX ID # (RETAILERS): \_\_\_\_\_

MAKE OF VEHICLE: \_\_\_\_\_

COLOR OF VEHICLE: \_\_\_\_\_

LICENSE NUMBER OF VEHICLE: \_\_\_\_\_

DATE PERMIT EXPIRATION: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

**Issued By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**City Clerk**

FEE CHARGED \$ \_\_\_\_\_

CITY SEAL



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**WEST FRANKFORT POLICE DEPARTMENT  
RELEASE FOR CRIMINAL HISTORY INQUIRY**

I, \_\_\_\_\_  
(FIRST, MI, LAST)

DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_

DO HEREBY AUTHORIZE THE WEST FRANKFORT POLICE  
DEPARTMENT

**TO RUN A CRIMINAL HISTORY INQUIRY ON MYSELF**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_