

## **COMMERCIAL SOLICITORS INFORMATION**

Chapter 50 of the Gurnee Municipal Code regulates Peddlers and Solicitors seeking to conduct business within the Village of Gurnee. The purpose for the regulations is to help protect the health and safety of the citizens of the village and to prevent unscrupulous activities.

Commercial solicitations is defined as the sale of, or seeking to obtain, orders for the purchase of goods, wares, merchandise, food stuffs or services of any kind, character, or description for any kind of consideration whatsoever, the sale of or seeking to obtain subscriptions to books, magazines, periodicals, newspapers or any other type of publication, or the gathering of information used to supplement publications, newspapers, books, or periodicals that will be offered for sale.

Section 50-59(c)(5) of the Code specifically requires that "No solicitation permit ... shall be issued to any person who has been convicted of the commission of a felony ... or misconduct which constitutes a Class A misdemeanor ... within five years of the date of the permit application." Verification that a criminal history conviction check was completed will be required of every permit applicant and it must be filed during the license application process (see reverse side of this form).

Solicitors must also meet other requirements set forth in Chapter 50 of the Gurnee Municipal Code, including but not limited to:

- Prominently display permit on the outermost clothing when soliciting in the Village.
- Obey all "No Solicitors Invited," "No Trespassing," or similar notices posted on any premises.
- Do not engage in soliciting before 9:00 a.m. or after 9:00 p.m., at any time on Sunday or on a state or national holiday.
- Do not solicit, peddle, or hawk on any highway or street within the Village of Gurnee.

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## **COMMERCIAL SOLICITORS INSTRUCTIONS**

1. Complete the Application For Commercial Solicitation Permit form in its entirety.
2. Attach the permit fee:
  - Permit fee = \$10.00 (good only for 30 days)
  - Permit renewal fee = \$5.00 (good only for 30 days)
3. Provide two (2) current colored passport sized photographs (2" x 2") of yourself (*head photos only, with no hats or sun glasses*).
4. Provide a photo copy of your driver's license.
5. Provide proof of a Criminal History Conviction check (including receipt with a Tracking Control Number—T.C.N.).
6. Provide proof of employment (a letter stating what company you work for or other documentation).
7. Provide a copy of any flyer or advertising material (if any).

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***The fine for soliciting in violation of the Gurnee Municipal Code is \$100.00 per violation, per day.***

## **CRIMINAL HISTORY CONVICTION INFORMATION SHEET**

Chapter 50 of the Gurnee Municipal Code regulates the Peddlers and Solicitors within the Village of Gurnee. The purpose for the regulations is to help protect the health and safety of the citizens of the village and to prevent unscrupulous activities.

Section 50-59(c)(5) of the Code specifically requires that "No solicitation permit ... shall be issued to any person who has been convicted of the commission of a felony ... or misconduct which constitutes a Class A misdemeanor ... within five years of the date of the permit application." Verification that a criminal history conviction check will be required of every permit applicant and it must be filed during the license application process.

Criminal history conviction information can be obtained under the Uniform Conviction Information Act (UCIA) directly through the Illinois State Police, Bureau of Identification or through private agencies that specialize in background checks. Below are several options for your consideration.

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### **Private Agencies**

The Illinois State Police reports that the following Lake County companies have been licensed by or have applied for licensure to the Illinois Department of Professional Regulation as fingerprinting service providers (<https://www.idfpr.com/LicenseLookup/fingerprintlist.asp>). The following list of local providers is being shared for information purposes only. Please contact the vendor directly to obtain any information regarding the products and services they provide.

**Accurate Biometrics**

1117 S Milwaukee Ave

Suite B13

Libertyville, IL 60048

(866)361-9944

<https://accuratebiometrics.com>

**Krimson Security & Fingerprinting**

4201 Grove Ave

Gurnee, IL 60031

(847)672-8854

<https://krimsonsecurity.com>

**All results should be sent directly to:**

Gurnee Police Department, 100 N. O'Plaine Road, Gurnee, IL 60031

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## VILLAGE OF GURNEE

# APPLICATION FOR COMMERCIAL SOLICITATION PERMIT



TYPE OF APPLICATION:	<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL APPLICATION	DATE FILED:
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Applicant's Full Name

Applicant's Telephone Number

Applicant's E-mail Address

Applicant's Home Address (City, State, Zip)

HOW LONG AT THIS ADDRESS: \_\_\_\_\_

IF LESS THAN 3 YEARS AT THE ABOVE ADDRESS, LIST YOUR PREVIOUS ADDRESS:

Applicant's Previous Home Address (City, State, Zip)

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ ins. WEIGHT: \_\_\_\_\_ lbs. HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

LICENSE NUMBER AND DESCRIPTION OF ALL VEHICLES USED DURING SOLICITATION:

Employed By or Representing (*List person, company or entity*)

Length of Employment or Service

Name of Applicant's Supervisor

Employer's Full Address (City, State, Zip)

Employer's Telephone

TYPE/DESCRIPTION OF SUBJECT MATTER BEING SOLICITED FOR:

STARTING & TERMINATION DATES FOR PERMIT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(*Not to exceed 30 days*)

HAVE YOU EVER APPLIED FOR A PERMIT IN GURNEE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS ANY PERMIT ISSUED TO YOU BY GURNEE EVER BEEN CANCELLED OR REVOKED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CLASS "A" MISDEMEANOR WITHIN THE LAST 5 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I HAVE READ AND UNDERSTAND THE PROVSIONS OF THE SOLICITATION ORDINANCE OF THE VILLAGE OF GURNEE. I AFFIRM THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

Applicant's Signature

**FOR OFFICE USE ONLY**

DATE RECEIVED:	
APPLICATION FULLY COMPLETED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
PERMIT FEE ATTACHED:	<input type="checkbox"/> \$10.00 PERMIT FEE <input type="checkbox"/> \$5.00 PERMIT RENEWAL FEE
PASSPORT PHOTOS (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
COPY OF DRIVER'S LICENSE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
CRIMINAL HIST. CONVICTION CHECK:	<input type="checkbox"/> YES (Provided receipt with T.C.N.) <input type="checkbox"/> NO
COPY OF FLYER OR ADVERTISING:	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICATION REVIEWED BY:	
LOCAL RECORDS CHECK COMPLETED:	<input type="checkbox"/> YES - LOCAL ATTACHED <input type="checkbox"/> NO RECORDS FOUND
LOCAL CHECK COMPLETED BY:	
B OF I FINGERPRINTS RECEIVED & DATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO      DATE RECEIVED:
DATE GIVEN TO ADMIN & CLERK	DATE:      CLERK:

**FOR ADMINISTRATION USE ONLY**

APPLICATION APPROVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICATION DENIED:	<input type="checkbox"/> REASON FOR DENIAL: _____ _____ _____
DATE APPLICANT NOTIFIED:	
PERMIT NUMBER:	
PERMIT START DATE:	
PERMIT EXPIRE DATE:	



# Krimson Security & Fingerprinting Inc.

4201 Grove Ave, Gurnee IL 60031

Phone: (847)672-8854

License # 249.000331

License # 262.000115

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ SSN(Optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Place of Birth: (State or Country): \_\_\_\_\_

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

X \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only:

Applicant TCN#: LS11457L828 \_\_\_\_\_

RC: \_\_\_\_\_

Technician: \_\_\_\_\_

Price: \_\_\_\_\_

## **PRIVACY ACT STATEMENT**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



phone 773-685-5699

fax 773-685-5433

Web Site: [www.accuratebiometrics.com](http://www.accuratebiometrics.com)

## Gurnee Police Department

### UCIA

\*Please check the website listed above for available dates/times for fingerprinting\*

PLEASE PROVIDE THE FOLLOWING INFORMATION (PLEASE PRINT CLEARLY)

Last name:

First name:

Middle Initial:

Daytime Phone:

Date of Birth:

Sex: (circle one)      Male      Female

(circle one)

Race:      White      Black      Hispanic      Asian      American Indian/Alaskan      Other

#### REQUESTOR INFORMATION

Name: Police Records      Agency Name: Gurnee Police Dept

Street Address: 100 N OPlaine Rd

City: Gurnee      State: IL      Zip Code: 60031

I, the undersigned, authorize Accurate Biometrics to capture and transmit my fingerprints and above-noted demographic data to the Illinois State Police. I understand that the Illinois State Police will return the results of the fingerprint search to the Requestor listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Do Not Write Below This Line—For Office Use Only)

F.P. Tech: \_\_\_\_\_ TCN: \_\_\_\_\_

Date Fingerprinted: \_\_\_\_\_