

**You are required to fill out
this ENTIRE permit before
approval is given**

CITY OF CHRISMAN

222 WEST MADISON
CHRISMAN, ILLINOIS 61924
(217) 269-2214
FAX (217) 269-3195

SOLICITING PERMIT

Date of Approval _____

Issued To _____

Address _____

Name, Address and Phone Number of **Soliciting Company**

Type of Soliciting

Signature

Date

1. Photo ID Required
2. \$100.00 fee required per person/per day _____
3. License Plate No. _____
4. Description of car _____
5. Cell phone _____

City Clerk