

TO: THE CHIEF OF POLICE OF THE CITY OF ELMWOOD

CITY OF ELMWOOD  
APPLICATION FOR A CERTIFICATE OF REGISTRATION  
AS A SOLICITOR

STATE OF ILLINOIS,        )  
  ) SS.  
COUNTY OF PEORIA.        )

APPLICATION NO. \_\_\_\_\_

(PLEASE PRINT OR TYPE)

1. Applicant's Name \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_
2. Applicant's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3 Length of residence at above address \_\_\_\_\_ years \_\_\_\_\_ months
4. Applicant's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_
5. Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_
6. Citizenship of Applicant \_\_\_\_\_
7. Business Name \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_
8. Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
9. Length of Employment with the above business \_\_\_\_\_ years \_\_\_\_\_ months
10. All residences and addresses for the last three (3) years if different than above  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Name and address of employers during the last three (3) years if different than above  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. List the last three (3) municipalities where applicant has carried on solicitations immediately preceding the date of application  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Physical description of applicant, height \_\_\_\_\_, weight \_\_\_\_\_

**Must attach picture of applicant**

(continued on reverse side)

14. A description of the subject matter of applicant's solicitations  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Has the applicant ever had a solicitor's license in this municipality?  
 ( ) Yes ( ) No If yes, explain  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If so, when \_\_\_\_\_ date of last application \_\_\_\_\_
16. Has a solicitor's license issued to this applicant ever been revoked?  
 ( ) Yes ( ) No If yes, explain  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Has the applicant ever been convicted of the commission of a felony?  
 ( ) Yes ( ) No If yes, explain  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Term of license requested  
 \_\_\_\_\_
19. Sales Tax Number  
 \_\_\_\_\_
20. List all owners and officers of business for whom solicitations will be made  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Fees paid ( ) Daily license, \$50.00/day per person  
 ( ) Annual license, \$300.00 per person

The Undersigned applicant being first duly sworn DEPOSES and SAYS under penalties of perjury that all of the above information is complete and is true and correct.

Applicant

\_\_\_\_\_

SUBSCRIBED and SWORN to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

THIS APPLICATION (IS) (IS NOT) APPROVED.

\_\_\_\_\_  
 Chief of Police of the City Elmwood