

SOLICITATION LICENSE APPLICATION

**PER ORDINANCE 776
APPLICATION FOR CERTIFICATE OF REGISTRATION**

APPLICATION FOR: SOLICITING [] PEDDLING [] DATE: _____
YEAR [] LESS THAN 5 DAYS []

Approximate date of the latest previous application for certificate _____

APPLICANT INFORMATION

Name _____ Date of Birth _____ Sex F ____ M ____

Drivers License # _____ SSN _____

Vehicle Information: Color _____ Make _____ Year _____

License # / State _____

Residence _____ City, State, Zip _____

Residence Phone # _____

Company, Firm, Organization Name _____

Company Address _____ City, State, Zip _____

Company Phone # _____ Owner/Manager _____

Insurance Bond Name & Number _____

Description of Product _____

List 3 cities in which you have recently done business _____

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1. Have you ever been convicted of a violation under any law pertaining to soliciting or peddling? Yes [] No []
 2. Have you ever had a solicitor's/peddler's license revoked? Yes [] No []
 3. Have you, other than traffic violations, ever been convicted of a crime? Yes [] No []

Applicant Signature*

*By your signature, you authorize the City of O'Fallon to receive data from the Illinois Criminal Justice Information Authority regarding your criminal conviction history, pursuant to the Illinois Uniform Conviction Information Act.

POLICE IN HOUSE VERIFIED BY _____

DATE APPROVED _____ ISSUED _____ EXPIRED _____

PHOTOS (2) [] BOND [] PAID RECEIPT []