

1 Day Permit: \$50.00

Year Permit: \$350.00

Village of Steeleville

107 West Broadway

Steeleville, IL 62288

618-965-3134

618-965-9479 fax

APPLICATION FOR CERTIFICATE OF REGISTRATION – SOLICITOR/PEDDLER

APPLICANT'S NAME: _____
(First) (Middle) (Last)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE: (____) _____

LENGTH AT RESIDENCE: _____

DATE OF BIRTH: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

EYES: _____ HAIR: _____ SSN: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

SUPPLY COPY OF DRIVERS LICENSE

VEHICLE DRIVING:

MAKE: _____ MODEL _____ LICENSE PLATE # _____

STATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE: (____) _____

CONTACT PERSON: _____ LENGTH EMPLOYMENT: _____

TYPE OF SERVICE – DESCRIPTION OF SUBJECT MATTER WHICH APPLICANT WILL ENGAGE IN:

PERIOD OF TIME PERMIT APPLIED FOR: _____

DATE OF LAST APPLICATION: (If Any) : _____

Has a previous Certificate of Registration ever been revoked: _____

Has the applicant ever been convicted of a violation of any provision of this ordinance or the code of any other Illinois Municipality regulating Solicitor/Peddler? _____

Has the applicant ever been convicted of the commission of a felony under the laws of the State of Illinois or any other state or federal law in the United States? _____

I, _____ swear (or affirm) that the information provided in this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20____ at Steeleville, Illinois.

Village Clerk

Chief/Asst. Chief of Police