

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Has a previous Certificate of Registration ever been revoked: \_\_\_\_\_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. By signing this application I agree to submit to a criminal background investigation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chief/Asst. Chief of Police