CITY OF MARTINSVILLE
CERTIFICATE OF REGISTRATION
TRANSIENT, MERCHANT, ITINERANT VENDOR, SOLICITOR, OR PEDDLER

Certificate/Application Number:_____

*** IF APPLICATION IS NOT COMPLETE, NO CERTIFICATE WILL BE ISSUED *** Each person desiring to engage in the temporary retail sale of goods, wares or merchandise or soliciting from or peddling to persons in residence within the city is hereby required to make the following written application for a Solicitors and Peddlers Permit as provided in Ordinance NO.2024-8-1 of Martinsville IL.

Name: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Length of Residence at Present Address: _____ years _____ months

Date of Birth: _____ Marital Status: _____ Spouse's Name: _____

Physical Description:

Sex: _____ Race: _____ Weight: _____

Height: _____ Hair Color: _____ Eye Color: _____

Vehicle Description:

License #: _____ State: _____ Year: _____

Type: _____ Color: _____ Year: _____

Make: _____ Model: _____

Applicant's Address during past 3 years, if other than present address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Local phone number: _____ Cellular Phone Number: _____

Present Employer:

_____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

How Many Years Employed: _____ Supervisor: _____

Applicant's employer during past 3 years, if other than present employer:

_____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

ILLINOIS DEPARTMENT OF REVENUE SALES TAX NUMBER: _____

Detailed description of subject matter to be sold, solicited or peddled:

_____

_____

Date(s) certificate is being applied for: _____

Date of last application with City of Martinsville IL: _____

Additional Merchants, Vendors, Solicitors or Peddlers who will be working in this jurisdiction:

Last	First	MI	Sex	Race DOB	SSN	Driver License
Last	First	MI	Sex	Race DOB	SSN	Driver License
Last	First	MI	Sex	Race DOB	SSN	Driver License
Last	First	MI	Sex	Race DOB	SSN	Driver License
Last	First	MI	Sex	Race DOB	SSN	Driver License

(For additional workers attach a separate sheet)

Has a previous Certificate of Registration ever been revoked: Yes: ____ No: _____ No: _____ No: _____

Has any applicant ever been convicted of a violation of an ordinance regulating soliciting of any municipality in this state? Yes: ____ No: _____ No: _____ No: _____

Has any applicant ever been convicted of a felony of any state or federal law? Yes: ____ No: _____ No: _____ No: _____

I agree, under oath, that the above is true and correct.

_____ _____

Signature Date

_____ _____

Signature Date

NOTICE: WE PREFER YOU DO N0T SOLICITE AFTER DARK!

Municipal Ordinance of Martinsville IL:
Hours of solicitation are 9:00 A.M. to 5:00 P.M.
Mon-Fri, NO HOLIDAYS
No solicitation of posted residences