Records Division Only:

- ☐ Government Issued Photo ID
- ☐ Photocopy of business license or permit
- ☐ Surety Bond
- ☐ Application (background) Fee
- ☐ Photograph
- ☐ Permit Issuance Fee

Received by: _____ (Initials)
Date Received: _____

Permit Number: _____

APPLICATION FOR SOLICITOR PERMIT

City of O'Fallon Ordinance 111A Solicitors and Peddlers
The City has 15 days to review and approve/deny the application

Date of Application: _____

Last Name: _____ First Name: _____ M.I:____
Cell #:_____ Date of Birth:____/____/____
Driver's License State:____ Driver's License #:_____
Home Address:_____
City:_____ State:_____ Zip:_____
Length of Time at Address: _____

If less than 3 years, list home addresses for last 3 years:
Home Address_____
City:_____ State:_____ Zip:_____
Home Address_____
City:_____ State:_____ Zip:_____
Home Address_____
City: _____ State:_____ Zip:_____

Business Name:_____
Business Address: _____
City:_____ State:_____ Zip:_____
Business Telephone:_____

If employed or acting as an agent, the firm name, address and telephone number of the employer or principal who is being represented:
Firm Name:_____
Name:_____ First Name:_____ M.I._____
Address_____
City:_____ State:_____ Zip:_____
Telephone:_____

Please provide a description sufficient to identify the subject matter of the solicitation which the applicant will engage in: _____

_____

_____

Name the last three Cities or Villages where the applicant has carried on business immediately prior to applying in O'Fallon:

1. _____
2. _____
3. _____

Have you ever been convicted of a violation of any provision of the City of O'Fallon's Code of Ordinances or the code of any other municipality regarding soliciting: yes/no. If yes, please explain:_____

_____

Have you ever been convicted of any criminal offense under any state law or federal law of the United States whether felony or misdemeanor, other than traffic violations: yes/no. As to any such offense, the applicant must provide the date and place of conviction, the nature of the offense and the punishment or penalty imposed: Details: _____

_____

_____

I certify under oath that the information contained within this application is true and correct:

Name Printed: _____

Signature: _____

Date: _____

IF ISSUED, THIS PERMIT WILL EXPIRE ON DECEMBER 31 OF THE YEAR ISSUED.

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I, _____, do hereby authorize the review and release of all records concerning myself to any duly authorized agent of the O'Fallon Police Department, whether the said records are of a public, private or confidential nature.

I authorize you to furnish the O'Fallon, Illinois Police Department with copies of any and all information that you have concerning my: Employment background investigation, work record, reputation, and criminal history. Information of a confidential or privileged nature may be included. Your reply will be used to assist the O'Fallon Police Department with a solicitor's license background investigation. I understand that all materials pertaining to this background investigation become the property of the O'Fallon Police Department and will not be returned to me.

I hereby release you and your organization from any and all liability or damages, which may result from furnishing the information requested. I further release the O'Fallon Police Department, and its agents, from any and all liability, which may be incurred, or as a result from the collection of such information. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

_____ _____

Applicant's Signature Date of Birth

_____ _____

Printed Name Social Security Number

NOTE: A photocopy reproduction of this request shall be for intents and purposes as valid as the original. You may retain this form for your files.