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Has a previous Certificate of Registration ever been revoked:_____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