

CITY OF MT. PULASKI, ILLINOIS
APPLICATION FOR SOLICITOR'S CERTIFICATE OF REGISTRATION

Under the provisions of the City of Mt. Pulaski City Ordinance number 3-5-1, I hereby voluntarily offer the following personal information to the City of Mt. Pulaski Police Department for the purpose of obtaining a SOLICITOR'S CERTIFICATE OF REGISTRATION. I understand that all information furnished will be kept on a confidential basis and will be used only by the Police Department for checking my eligibility to receive a SOLICITOR'S CERTIFICATE OF REGISTRATION. I further understand that my application for a **SOLICITOR'S CERTIFICATE OF REGISTRATION MUST BE COMPLETED AND SUBMITTED TO THE CHIEF OF POLICE A MINIMUM OF ONE DAY PRIOR TO THE DAY IN WHICH THE CERTIFICATE IS BEING REQUESTED.**

I also understand that no Certificate of Registration shall be issued to any person who has been convicted of the commission of a felony under the laws of the State of Illinois or any other State or Federal Law of the United States, within five (5) years of the date of the application; nor to any person who has been convicted of a violation of the provisions of Mt. Pulaski City Ordinance number 3-5-1; nor to any person whose Certificate of Registration issued hereunder has previously been revoked as herein provided.

Any person, firm, corporation or association desiring to make application for a Solicitor's Certificate of Registration shall pay a fee of \$75.00 for one Certificate of Registration; and \$35.00 for each additional salesperson or representative.

The fee is due and payable to the CITY OF MT. PULASKI at the time of application for a Solicitor's Certificate of Registration, and is to be paid at City Hall (113 S. Lafayette St.) in Mt. Pulaski, Illinois. **All Solicitor's Certificates of Registration are valid for seven (7) days only.**

I FURTHER UNDERSTAND THAT RECEIVING A SOLICITOR'S CERTIFICATE OF REGISTRATION DOES NOT CONSTITUTE AN ENDORSEMENT FROM THE CITY OF MT. PULASKI TO THE HOLDER OF THE CERTIFICATE OF REGISTRATION OR TO THE PRODUCT(S) BEING OFFERED FOR SALE BY THE HOLDER OF THE CERTIFICATE OF REGISTRATION.

After reading and understanding the above information, I hereby make application for a Solicitor's Certificate of Registration to become effective on:

_____ and terminate on
Start Date

Expiration Date

X _____
(Signature of Applicant)

SOLICITOR INFORMATION:

Spouse's Name

How many yrs./or
mos. at address?

Social Security Number

Color of Eyes

Class

Name of Applicant's Supervisor Supervisor's Position or Title

Address of Applicant's Supervisor Supervisor's Phone #

List the current telephone number for which verification can be made of Applicant's present job status _____.

List complete details of the product in which you intend to solicit.

_____.

List the exact period of time for which you are applying to solicit _____.

_____.

If with present company, firm, business, or corporation **less than three (3) years**, list complete name, address, and title of Applicant's immediate supervisor of the last job preceding Applicant's current job or position, and telephone number of previous employer and reason for leaving. _____

_____.

I certify that the answers given herein are true and complete.

X

Signature of the applicant

Date

**City of Mt. Pulaski, Illinois
Solicitor's Certificate of Registration**

APPROVAL OR DENIAL STATEMENT

APPROVED application for Solicitor's Certificate of Registration _____

DENIED application for Solicitor's Certificate of Registration _____

Reasons of DENIAL of Application:

Signature of the Chief of Police

Date