

VILLAGE OF SHILOH

SOLICITORS APPLICATION

Please Attach: Copy of Driver's License &
Proof of Vehicle Insurance

FEE: \$25.00 PER DAY

DATE: _____ DRIVERS LICENSE NUMBER: _____ STATE _____

NAME: _____
LAST FIRST M.I.

ADDRESS: _____
NUMBER & STREET CITY STATE ZIP

PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT PRESENT ADDRESS):

PHONE: _____
DAY NIGHT

DATE WILL BE IN SHILOH _____

DATE OF BIRTH: _____ MARITAL STATUS: _____
MONTH DAY YEAR

APPLICANTS: HEIGHT: _____ WEIGHT: _____ SEX: _____

SOCIAL SECURITY #: _____ HAIR COLOR _____ EYE COLOR _____

APPLICANT IS EMPLOYED BY OR REPRESENTS: _____
NAME

LENGTH OF EMPLOYMENT WITH ABOVE FIRM: _____

DESCRIPTION OF ITEM SUBJECT IS ENGAGED IN SOLICITING _____

HAVE YOU PREVIOUSLY APPLIED FOR A SOLICITORS PERMIT IN THE VILLAGE OF SHILOH? _____ IF
YES, WAS APPLICATION DENIED OR REVOKED? _____

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY PROVISIONS OF THE CODE OF ANY
ILLINOIS MUNICIPALITY REGULATING SOLICITING? _____

HAVE YOU EVER BEEN CONVICTED OF THE COMMISSION OF A FELONY UNDER THE LAWS OF THE
STATE OF ILLINOIS OR ANY OTHER STATE OR FEDERAL LAW? _____

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APPROVED BY: _____
NAME TITLE

**THIS REGISTRATION DOES NOT CONSTITUTE ENDORSEMENT
OF SOLICITOR BY THE VILLAGE OF SHILOH**