

# 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 ZIP

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

\_\_\_\_\_  
NUMBER & STREET CITY ST ZIP

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

\_\_\_\_\_  
ADDRESS PHONE

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

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