

**VILLAGE OF SHILOH
SOLICITORS APPLICATION
FEE: \$25.00 PER DAY**

DATE:

NAME:

ADDRESS:

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

PHONE:

DATE WILL BE SOLICITING IN SHILOH:

APPLICANTS:

DATE OF BIRTH:

HEIGHT:

WEIGHT:

SEX:

DRIVERS LICENSE NUMBER:

SOCIAL SECURITY NUMBER:

HAIR COLOR:

EYE COLOR:

MARITAL STATUS:

APPLICANT IS EMPLOYED BY OR REPRESENTS (Company Name, Address & Phone Number):

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?

PLEASE ATTACH PROOF OF VEHICLE INSURANCE COVERAGE.

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APPROVED BY: _____
NAME TITLE

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