

OFFICIAL USE, ONLY

EPD CASE NUMBER: _____

STARTING DATE: _____ ENDING DATE: _____

**CITY OF EDWARDSVILLE
DEPARTMENT OF POLICE**

**SOLICITOR APPLICATION
FOR SOLICITOR'S LICENSE**

ORDINANCE 1416-8-70

LAST NAME _____ FIRST NAME _____ MIDDLE _____

SOCIAL SECURITY NO. _____ - _____ - _____

DRIVER'S LICENSE OR STATE ID NO. _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

MALE FEMALE SINGLE MARRIED NAME OF SPOUSE _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

ALIAS NAMES _____

PERMANENT RESIDENCE ADDRESS _____

CURRENT ADDRESS, IF DIFFERENT FROM ABOVE _____

TELEPHONE NUMBER _____ HOW LONG AT ABOVE ADDRESS _____

(IF ABOVE ADDRESS DOES NOT COVER A THREE-YEAR PERIOD, SHOW ADDITIONAL INFORMATION ON REVERSE SIDE.)

VEHICLE MAKE/MODEL/YEAR/COLOR _____

VEHICLE LICENSE PLATE NUMBER _____

VEHICLE LICENSE STATE _____

VEHICLE IDENTIFICATION (VIN) NUMBER _____

COMPANY NAME _____

LENGTH OF EMPLOYMENT _____

COMPANY ADDRESS _____

COMPANY E-MAIL ADDRESS _____

SUPERVISOR'S NAME _____ Phone # _____

NAME AND ADDRESS OF EMPLOYER(S) DURING THE LAST THREE YEARS, IF OTHER THAN THE PRESENT EMPLOYER (USE REVERSE SIDE FOR ADDITIONAL INFORMATION) _____

TYPE OF SALES _____

WILL PAYMENT FOR GOODS OR SERVICES BE RECEIVED AT TIME OF SOLICITATION: NO YES

WILL A PAYMENT BE DEMANDED, ACCEPTED OR RECEIVED OR A DEPOSIT OF MONEY BE REQUIRED IN ADVANCE OF FINAL DELIVERY? NO YES

IF YES, WHAT IS THE BASIS OF CALCULATION OF SUCH PAYMENT? _____

HAVE YOU PREVIOUSLY REGISTERED WITH THE CITY OF EDWARDSVILLE? NO YES

IF YES, WHEN? _____

HAS A SOLICITOR'S LICENSE ISSUED TO THE APPLICANT UNDER THIS ORDINANCE EVER BEEN REVOKED? NO YES

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THIS ORDINANCE OR THE ORDINANCE OF ANY OTHER ILLINOIS MUNICIPALITY REGULATING SOLICITING? NO YES

IF YES, WHERE? _____

LIST ALL MISDEMEANOR ARRESTS AND/OR FELONY ARRESTS WITH THE DATE, LOCATION OF THE OFFENSE AND THE DISPOSITION OF THE ARREST (i.e. Battery arrest, June 15, 2020, Edwardsville, IL, Guilty conviction):

ADDITIONAL INFORMATION:

OATH OF APPLICANT

I, _____, under
(Printed Name)

Oath, do state that I have read and understand Ordinance 1416-9-70, of the City of Edwardsville and agree to abide by all the terms and conditions thereof, in consideration of the issuance of a Solicitor's License as provided in said Ordinance. I understand that solicitation may not be conducted in the City of Edwardsville until such a time as a license is issued. I further state that the foregoing information is true and correct and that I have not falsified any information provided in or attached to this application. I hereby consent to a driving record and criminal history background check with fingerprint check through the Illinois Bureau of Investigation.

(Signature)

(Telephone Number)

SOLICITOR FEES

The permit is valid for ninety (90) days per person at a cost of \$50.00. After the 90 days, if you want to extend your solicitation time, there is an additional charge of \$15.00 for each 90 day period up to a year from the initial registration. At the one year anniversary date, the solicitor must be fingerprinted again and the \$50.00 fee paid to start the process again. The fee includes a background check and fingerprinting of the person applying for a permit. A driver's license or other photo ID is required, in person, at time of application. Payment must be received in this office before application can be processed.

NOTE: For a large group, please allow up to three weeks for processing.