

Village of Southern View
3410 South Fifth
Southern View, Illinois 62703

Application for Solicitor's Certificate of Registration

ALL INFORMATION SUBMITTED SHALL BE TRUTHFUL, COMPLETE, AND BE SUBMITTED UNDER OATH.

VIOLATORS OF THE ORDINANCE OF THE VILLAGE OF SOUTHERN VIEW, ILLINOIS ON PEDDLERS AND SOLICITORS ARE SUBJECT TO A FINE OF NOT MORE THAN **\$500 FOR EACH OFFENSE**. AN APPLICANT SHALL NOT PROCEED UNTIL THE CLERK OF THE VILLAGE OF SOUTHERN VIEW, ILLINOIS HAS ISSUED A CERTIFICATE OF REGISTRATION.

Application Date: _____

Organization/Business Information:

Business/Organization Name: _____

Nature of Solicitation/Business:
(Please describe exactly what type of business will be conducted within the Village limits.)

Address:

City, State Zip:

Telephone:

Fax:

Supervisor:

Supervisor Address:

Supervisor Telephone:

Lodging Location :
(if Transient)

Applicant: (please attach additional pages for EACH person conducting business)

Applicant Name:

Sex:

Age:

Birthdate:

Height:

Weight:

Hair Color:

Eye Color:

Social Security #:

Driver's License #:

State:

Expiration:

Each Applicant must attach two (2) photographs, 2" x 3 1/2 " in size of him/herself.

Vehicle Used:

(please attach additional pages for EACH vehicle to be used in the course of conducting business)

License #:	State:	Expiration:
Color:	Make:	Model:
VIN #:	Year:	

Applicant Residence Information: (for past 3 years)

(please attach additional pages for EACH person conducting business)

Permanent Address:	
City, State, Zip:	
Telephone:	Years at this address:
Previous Address:	
City, State, Zip:	
Telephone:	Years at this address:
Previous Address:	
City, State, Zip:	
Telephone:	Years at this address:
Previous Address:	
City, State, Zip:	
Telephone:	Years at this address:

Employment History: (for past 3 years)

Business/Organization Name:	
Nature of Business:	
Address:	
City, State Zip:	
Telephone:	Fax:
Supervisor:	Years Employed Here:
Business/Organization Name:	
Nature of Business:	
Address:	
City, State Zip:	
Telephone:	Fax:
Supervisor:	Years Employed Here:
Business/Organization Name:	
Nature of Business:	
Address:	
City, State Zip:	
Telephone:	Fax:

Supervisor:	Years Employed Here:
Business/Organization Name:	
Nature of Business:	
Address:	
City, State Zip:	
Telephone:	Fax:
Supervisor:	Years Employed Here:

Arrest Record:

Have you ever been convicted of violating any ordinance in the United States regulating soliciting? Yes No *If yes, list the date of the arrest:*

Date of Conviction:
Location:
City, State, Zip:
Arresting Agency:
Court Disposition:
Date of Conviction:
Location:
City, State, Zip:
Arresting Agency:
Court Disposition:

OATH:

I swear under oath that the above information is true and complete.

Signature _____ Date _____

Signed and sworn to before me, this _____ day of _____, _____.

Notary Signature _____ Date _____

Notary Seal:

