SOLICITOR APPLICATION
$25.00

Chapter 123 City Code
Expires December 31st

DATE _____

APPLICANT NAME _____
(First) (Middle) (Last)

HOME ADDRESS _____
(Street) (City) (State) (Zip)

HOME PHONE _____ **BUSINESS PHONE** _____

SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____ **M ( ) F ( )**

HEIGHT _____ **WEIGHT** _____ **HAIR** _____ **EYES** _____

DRIVER'S LICENSE NUMBER _____ **STATE** _____

EMAIL ADDRESS _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____
(Street) (City) (State) (Zip)

ITEMS TO BE PEDDLED _____
_____

METHOD OF PEDDLING: **DOOR TO DOOR ( )** **MOBILE CONCESSION ( )**

PORTABLE STAND ( ) **STAND IN FRONT OF BUSINESS ( )**

WHERE STAYING WHILE IN QUINCY (If Applicable) _____ **PHONE** _____

STATE OF ILLINOIS SALES TAX NUMBER (REQUIRED) _____
(Contact Number 1-800-732-8866)

ADAMS COUNTY HEALTH DEPARTMENT NUMBER (If Applicable) _____
(Consumable Items)

Has previous application ever been revoked? **Yes ( ) No ( )**

Has applicant ever been convicted of a violation of any of the provisions of this application? **Yes ( ) No ( )**

Has applicant ever been convicted of a felony under the laws of the State of Illinois? **Yes ( ) No ( )**

Has applicant ever been convicted of a felony under the laws of any State in the United States? **Yes ( ) No ( )**

Attach a Drivers License or Photo ID for a background check.

I affirm that the above information is true and correct:

_____
(Signature Of Applicant)

****

Background check date _____ **Approved □** **Denied □** **See Attached Form.**

Approved this _____ **day of** _____ _____
CITY CLERK