

APPLICANT INFORMATION						
Name (Last)		(First)			(Middle)	
Date of Birth	Age	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Height	Weight	Hair Color	Eye Color
Shipping Address of Residence			City/State/Zip		From: To:	
Mailing Address (if different from above)			City/State/Zip			
Previous address			City/State/Zip		From: To:	
Home Phone		Cell Phone		Work Phone		Other Phone
Social Security Number		Driver's License Number			State of Issuance	
Vehicle Description:	Color	Year	Make	Model	License	State
Has the applicant ever been convicted of a felony under the laws of the State of Illinois or any other State or Federal Law of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
BUSINESS INFORMATION						
Name and address of person, firm or corporation whom applicant is employed by or represents						
Business Phone		Business Fax		Business E-Mail and/or Web page		
Length of employment with the listed company.			Years	Months	Days	
Description of the subject matter of the soliciting in which the applicant will engage.						
Date of previous application		Has a certificate of registration issued to the applicant/business under this ordinance every been revoked?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Sales Tax ID Number			Tax Exemption Number (if any)			
I hereby certify that the above statements are true and correct.						
Applicant's Signature					Date	
OFFICE USE ONLY						
Registration Type	First Day	#of Additional Days	Daily Fee	Total Fee	Date Received	
<input type="checkbox"/> Solicitor	\$50.00		\$10.00			
<input type="checkbox"/> Hawker	\$50.00		\$50.00			
<input type="checkbox"/> Peddler	\$50.00		\$50.00			
Issued by:			Date Issued		Fee Collected	