<u>CITY OF MT. PULASKI, ILLINOIS</u> <u>APPLICATION FOR SOLICITOR'S CERTIFICATE OF REGISTRATION</u>

Under the provisions of the City of Mt. Pulaski City Ordinance number 3-5-1, I hereby voluntarily offer the following personal information to the City of Mt. Pulaski Police Department for the purpose of obtaining a SOLICITOR'S CERTIFICATE OF REGISTRATION. I understand that all information furnished will be kept on a confidential basis and will be used only by the Police Department for checking my eligibility to receive a SOLICITOR'S CERTIFICATE OF REGISTRATION. I further understand that my application for a SOLICITOR'S CERTIFICATE OF REGISTRATION MUST BE COMPLETED AND SUBMITTED TO THE CHIEF OF POLICE A MINIMUM OF ONE DAY PRIOR TO THE DAY IN WHICH THE CERTIFICATE IS BEING REQUESTED.

I also understand that no Certificate of Registration shall be issued to any person who has been convicted of the commission of a felony under the laws of the Sate of Illinois or any other State or Federal Law of the United States, within five (5) years of the date of the application; nor to any person who has been convicted of a violation of the provisions of Mt. Pulaski City Ordinance number 3-5-1; nor to any person whose Certificate of Registration issued hereunder has previously been revoked as herein provided.

Any person, firm, corporation or association desiring to make application for a Solicitor's Certificate of Registration shall pay a fee of \$75.00 for one Certificate of Registration; and \$35.00 for each additional salesperson or representative.

I FURTHER UNDERSTAND THAT RECEIVING A SOLICITOR'S CERTIFICATE OF REGISTRATION <u>DOES NOT</u> CONSTITUTE AN ENDORSEMENT FROM THE CITY OF MT. PULASKI TO THE HOLDER OF THE CERTIFICATE OF REGISTRATION OR TO THE PRODUCT(S) BEING OFFERED FOR SALE BY THE HOLDER OF THE CERTIFICATE OF REGISTRATION.

After reading and understanding the above information, I hereby make application
for a Solicitor's Certificate of Registration to become effective on:

Start Date

Expiration Date

X______
(Signature of Applicant)

CITY OF MT. PULASKI APPLICATION FOR SOLICITOR'S CERTIFICATE OF REGISTRATION

SOLICITOR INFORMATION:

Name (Last, First, MI) Spouse's Name	
Home Address: Street, City, State Zip Code	How many yrs./or mos. at address?
Date of Birth Place of Birth	Social Security Number
Male or Female Age Height Weight Color of Hair	Color of Eyes
Driver's License # State of Issuance Restrictions	Class
Indicate below whether or not you have ever been convicted of a state or any other state in the U.S or Federal law of the U.S. If you of conviction, the place of conviction and the exact charge of whether the exact charge of whether you ever been convicted of a violation of any of the provision.	ou have, indicate the date hich you were convicted.
the ordinance of any other Illinois municipality regulating solicity. Are you presently on parole or probation?If yes, give jurithe space provided below.	
Has a previous Solicitor's Certificate of Registration from this jurevoked? If yes, when and for what reason?	risdiction ever been
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Name of Company/Business/Firm being Represented	How Long with Co.
Address of Company/Business/Firm being represented	Company Phone #

Name of Applicant's Supervisor	Supervisor's Position or Title
Address of Applicant's Supervisor	Supervisor's Phone #
List the current telephone number for whe	ich verification can be made of Applicant's
List complete details of the product in wh	nich you intend to solicit.
List the exact period of time for which yo	ou are applying to solicit
complete <u>name</u> , <u>address</u> , and <u>title of Apple</u> preceding Applicant's current job or positions.	or corporation <u>less than three (3) years</u> , list <u>licant's immediate supervisor</u> of the last job tion, and <u>telephone number</u> of previous
I certify that the answers given herein are	true and complete.
X	
Signature of the applicant	Date

City of Mt. Pulaski, Illinois Solicitor's Certificate of Registration

APPROVAL OR DENIAL STATEMENT

APPROVED application for Solicitor's Certificate of Registration				
DENIED application for Solicitor's Certificate of Registration				
Reasons of DENIAL of Application:				
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Signature of the Chief of Police	Date			