

## Registration for Peddling Permit

\*\*\*\*Providing false information will void the permit to solicit\*\*\*\*

Dates of Solicitation: \_\_\_\_\_ Registration #: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Description of Materials being sold: \_\_\_\_\_

Form of Solicitation (circle one) Door to Door    Businesses    Other (explain)

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|           |            |        |
|-----------|------------|--------|
| Last Name | First Name | Middle |
| Name      |            |        |

|                   |                            |                    |                                   |
|-------------------|----------------------------|--------------------|-----------------------------------|
| Address           | City                       | State              | Zip                               |
| Social Security # | Telephone                  | Driver's License # | Sate                              |
| Vehicle Year:     | Make:                      | Model:             | Licensing State    License Number |
| Date of Birth     | Sex (circle one)<br>M    F | Race               | Height    Weight                  |
| Hair Color        | Eyes                       | Complexion         | Distinguishing Marks/Tatoos       |

Have you ever been convicted of a crime?    If yes, describe

Have you ever been issued a certificate that was later revoked?

Have you ever been convicted of a violation of any provisions of this chapter or ordinance or any other Illinois municipality regulating soliciting?    If yes, describe

I affirm that all the answers given in the application are correct and made for the purpose of obtaining a license to solicit. I authorize you to communicate with any person, firm or corporation necessary to try and obtain any information as you may need concerning the statements made in this application. I also agree that this application will remain the property of the Village of Stockton whether or not the license is granted. **Include picture ID and attach.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I recommend that the license be issued:    Officer Signature    Date:

I recommend that the license be denied, my reasons are attached    Officer Signature    Date: