

Solicitor Registration Form

CHECK ONE: CANVASSER _____ SALESMAN _____ SOLICITOR _____

MERCHANDISE OR COMMODITY TYPE: _____

REGISTRANT INFORMATION

NAME: _____ DOB: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: ____-____-____

DATE(S) REQUESTED BY REGISTRANT

FROM ____/____/____ TO ____/____/____

REGISTRANT'S EMPLOYER AND/OR ORGANIZATION REPRESENTED

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: ____-____-____

REGISTRANT'S SUPERVISOR: _____

SUPERVISOR'S PHONE NUMBER: ____-____-____

REGISTRANT'S VEHICLE INFORMATION

LICENSE PLATE: _____ STATE: _____ YEAR: _____

VEHICLE OWNER: _____

AREA OF MARENGO WHICH REGISTRANTS WILL BE VISITING (PLEASE CHECK ONE)

BUSINESS DISTRICT _____ RESIDENTIAL AREA _____

PLEASE USE BACK OF THIS FORM TO LIST ALL NAMES OF ANY ADDITIONAL PEOPLE WORKING WITH REGISTRANT

REGISTRANT MUST COMPLY WITH ALL PROVISIONS AND SECTIONS APPLICABLE TO HIS ORGANIZATION OR BUSINESS OR CHAPTER 35, SECTIONS 1 THROUGH 13, CODE OF ORDINANCES, CITY OF MARENGO, ILLINOIS.

PLEASE LIST NAMES AND IDENTIFICATIONS OF ALL ADDITIONAL PERSONS HELPING OR WORKING WITH REGISTRANT.

NAME	ADDRESS	HOME PHONE #	D.O.B
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

REGISTRANT MUST SHOW PICTURE IDENTIFICATION. A COPY OF A VALID STATE ISSUED I.D. CARD OR DRIVERS LICENSE IS REQUIRED. IF NO PHOTO I.D. IS AVAILABLE, A DRIVERS LICENSE NUMBER MAY BE USED.

DRIVERS LICENSE NUMBER: _____

STATE OF ISSUANCE: _____

FEE IF REQUIRED: _____ (\$300.00 PER PERMIT, PER PERSON FOR UP TO 3 DAYS)