

APPLICATION FOR SOLICITOR'S CERTIFICATE OF REGISTRATION
VILLAGE OF SOUTHERN VIEW

3410 S 5th Street, Southern View, IL 62703
217-529-3352 Fax: 217-529-2062 office@southernview.us

ALL INFORMATION SUBMITTED SHALL BE TRUTHFUL, COMPLETE, AND BE SUBMITTED UNDER OATH.

VIOLATORS OF THE ORDINANCE OF THE VILLAGE OF SOUTHERN VIEW, ILLINOIS ON PEDDLERS AND SOLICITORS ARE SUBJECT TO A FINE OF NOT MORE THAN \$500 FOR EACH OFFENSE. AN APPLICANT SHALL NOT PROCEED UNTIL THE CLERK OF THE VILLAGE OF SOUTHERN VIEW, ILLINOIS HAS ISSUED A CERTIFICATE OF REGISTRATION. APPLICATION FEE OF \$50.00 MUST BE ATTACHED UNLESS YOU ARE A NON PROFIT GROUPS (ie: boy scout troops), THE FEE IS WAIVED.

Application Date: _____

Business/Organization Name: _____

Nature of Solicitation/Business: (Please describe exactly what type of business will be conducted within the Village limits) _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Supervisor's Name: _____

Supervisor's Address: _____

Supervisor's Phone: _____ Lodging Location: _____

Applicant: (please attach additional pages for EACH person conducting business)

Name: _____

Sex: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Social Security Number: _____

Driver's License Number: _____ State: _____ Expiration: _____

Each Applicant must attach two (2) photographs, 2" x 3 ½ " in size of him/herself.

Vehicle Used:

(please attach additional pages for EACH vehicle to be used in the course of conducting business)

License # _____ State: _____ Expiration: _____

Color: _____ Make: _____ Model: _____ Year: _____

VIN #: _____

Applicant Residence Information: (for past 3 years)

(please attach additional pages for EACH person conducting business)

Current Address: _____

City, State, Zip: _____

Telephone: _____ Dates at this address: _____

Current Address: _____

City, State, Zip: _____

Telephone: _____ Dates at this address: _____

Current Address: _____

City, State, Zip: _____

Telephone: _____ Dates at this address: _____

Current Address: _____

City, State, Zip: _____

Telephone: _____ Dates at this address: _____

Employment History: (for past 3 years)

Business/Organization Name: _____

Nature of Business: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Supervisor: _____ Years of Employment: _____

Business/Organization Name: _____

Nature of Business: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Supervisor: _____ Years of Employment: _____

Business/Organization Name: _____

Nature of Business: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Supervisor: _____ Years of Employment: _____

Business/Organization Name: _____

Nature of Business: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Supervisor: _____ Years of Employment: _____

Business/Organization Name: _____

Nature of Business: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Supervisor: _____ Years of Employment: _____

