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/Busine the Village limits)				
Address:				
City, State, Zip:				
Phone:		Fax:		
Supervisor's Name:				
Supervisor's Address:				
Supervisor's Phone:	Lodging Location:			
Applicant: (please attach add	ditional pages for EACH pers	son conducting busine	ess)	
Name:				
Sex:	Weight:	Hair Color: _		
Eye Color:	Social Security Number:			
Driver's License Number:		State:	Expiration:	

Each Applicant must attach two (2) photographs, $2" \times 3 \frac{1}{2}$ " 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: _____ 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: Telephone: ______ Dates at this address: _____ **Employment History: (for past 3 years)** Business/Organization Name: ______ Nature of Business: City, State, Zip: Telephone: _____ Fax: _____

Supervisor: Years of Employment: _____

Business/Organization Name:		
Nature of Business:		
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:		A STANDARD REAL PROPERTY OF THE STAN
Address:		
City, State, Zip:		
Telephone:	Fax:	
Supervisor:		Years of Employment:
Business/Organization Name:		
Nature of Business:		
Address:		
City, State, Zip:		A-150
Telephone:	Fax:	
Supervisor:		Years of Employment:

Arrest Record:

Have you ever been convicted of violating any ord	inance in th	ne United States regulating	soliciting?	
Yes NO If yes, list the date of	of the arrest	t		
Date of Conviction:		Location:	***************************************	
City, State, Zip:		Arresting Agency:		
Court Disposition:		***************************************	May 10 The Add Mark Mark Mark Mark Mark Mark Mark Mark	
Date of Conviction:		Location:		
City, State, Zip:		Arresting Agency:		
Court Disposition:				
CATH				
OATH:				
I swear under oath that the above information is to	rue and cor	mplete.		
Signature		Date		
Signed and sworn to before me, this	_ day of	Marketin Account of the Control of t	, 20	
Notary Signature:		Date:		
Notary Seal:				
, , , , , , , , , , , , , , , , , , , ,				
OFFICE USE ONLY: Date Submitted to Office:		Approved [Rejected [