

# FREEPORT POLICE DEPARTMENT

## Registration for Solicitation

Registration #: \_

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

|   |                                 |                                    |                       |                                      |           |
|---|---------------------------------|------------------------------------|-----------------------|--------------------------------------|-----------|
| Dates of Solicitation:  |                                 | Previous Solicitation Application: |                       | Description of materials being sold: |           |
| Business Name:  |                                 |                                    | Business Address:     |                                      |           |
| Are you part of a sales group?    YES            NO   |                                 |                                    | Form of Solicitation: |                                      |           |
| How many are in your group? _____   |                                 |                                    | ___ Door to Door      |                                      |           |
| Name of individual in charge of group:<br>_____   |                                 |                                    | ___ Businesses        |                                      |           |
|   |                                 |                                    | Other (explain)       |                                      |           |
| <b><u>Solicitor's Information</u></b>   |                                 |                                    |                       |                                      |           |
| Last Name:  |                                 | First Name:                        |                       | Middle Name:                         |           |
| Address:  |                                 | City:                              |                       | State:                               | Zip Code: |
| Social Security #:  |                                 | Telephone #:                       |                       | Driver's License #:                  |           |
|   |                                 |                                    |                       | State:                               |           |
| 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: |                                      |           |
| Have you ever been convicted of a felony?   |                                 | 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, list all convictions:      |                       |                                      |           |
| 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 your property whether or not the license is granted: |                                 |                                    |                       |                                      |           |
| Signature of Applicant:   |                                 |                                    | Date:                 |                                      |           |
| <b>Company Verification</b>   |                                 |                                    |                       |                                      |           |
| The above listed individual has been employed with our company since _____.   |                                 |                                    |                       |                                      |           |
| I affirm that a background check has been done on this employee and no past or present felony convictions have been found. The above mentioned employee is an employee in good standing with our company.   |                                 |                                    |                       |                                      |           |
| Signature of Company Representative:  |                                 | Printed Name of Representative:    |                       | Date:                                |           |

|   |                             |
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| I have reviewed this registration. This permit is not an endorsement of any service or product by the City of Freeport. | Police Chief Signature/Date |
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This permit allows the person named herein to solicit but does not allow for:

- 1) High pressure sales tactics.
- 2) After hours solicitation. Hours of solicitation are between 9:00 a.m. and 8:00 p.m., Monday - Saturday.
- 3) Soliciting in locations where signs prohibit solicitation.