APPLICATION FOR CERTIFICATE OF REGISTRATION

1. Name and address of present place of residence:
Length of time at address
Social Security #
Business Address
2. Address of place of residence during the past three (3) years if other than present address:
3. Age of applicant and marital status: and if married name of spouse:
4. Physical description of the applicant:
5. Name and address of the person, firm or corporation or association with whom the applicant
is employed or represents; and the length of time of such employment or representation:
6. Name and address of employer during the past three (3) years if other than the present employer:
7. Description sufficient for identification of the subject matter of the soliciting in which the applicant will engage:
8. Period of time for which the Certificate is applied:
9. The date, or approximate date of the latest pervious application for Certificate under this code
if any
10. Has a Certificate of Registration issued to the applicant under this code ever been revoked?
11. Has the applicant ever been convicted of a violation of any of the provisions of this code or the code of any other Illinois municipality regulating soliciting?

12. Has the applicant ever been convicted of the commission of a felony under the State or						
Federal Law of the United States?						
13. List last three (3) cities business was conducted in:						
14. Valid Drive	er's License or St	ate Picture	e ID #:_			
LIST ALL SOLICITORS						
NAME	DOB	HT	WT	HAIR COLOR	CURRENT ADDRESS	
I do herby swear or affirm that the above information is true and correct to the best of my						
knowledge.						
Signature				Date		